The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10221 CERTIFICATE OF DEATH

10226

Reg. Dist. No.

| 1. PLACE OF DEATH  |                                   | 2. USUAL RESIDEN                               | CE (HOME) OF DEC              | EASED  |
|--|-----------------------------------|--|-------------------------------|--|
| COUNTY Wicomico  | MARYLAND                          | STATE Maryland                                 | COUNTY                        | Wicomico   |
|  | LENGTH OF STAY<br>(in this place) | CITY (If outside corpor                        | ete limits, write RURAL and c | piva nearest town)                                   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospit   | tal                               | STREET ADDRESS 661                             | (If rural give to             |  |
| 3. NAME OF (First) (Middle OF (First) (Middle OF (First) (VI)  |                                   | (Lest)<br>DAMS                                 | 4. DATE (Month) OF DEATH Oct  | (Day) (Yoar)<br>12 th 19 55                          |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORC (Specify) Wido  | s. DATE O                         |  |                               | FUNDER 1 YEAR IF UNDER 24 HR. onlins Days Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) House Work at ow   | or Business<br>oustry             | 11. BIRTHPLACE (Slete or foreign R.D. # Salis) | n country)<br>Dury, Maryland  | 12. CITIZEN OF WHAT COUNTRY?                         |
| 13. FATHER'S NAME William Ennis  |                                   | Laura Murph                                    |                               |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC<br>(Yes, no, or unk.) (If Yes, give wer or deles of service)   | OCIAL SECURITY NO.                | Mr. Carroll                                    |                               | Salisbury, Md.                                       |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | 18. MEDICAL CER                   |  | •                             | INTERVAL BETWEEN ONSET AND DEATH                     |
| 2214   | al Hemorrha                       |  |                               | 3 days   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE SYATING UNDERLYING CAUSE LAST. DUE TO (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE |                                   |  | 40.                           |  |
| DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION 19b. MAJOR FINDINGS OF C  | OPERATION                         |  |                               | 20. AUTOPSY?<br>YES NO TO                            |
| 216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, for Contributing   CAUSE OF DEATH   OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)   |                                   | 1c. WHERE DID INJURY OCCUR                     | (City or town)                | (County) (State)                                     |
|  | URY OCCURRED Not white at work    | 2H, HOW DID INJURY OCCUR                       | ?                             |  |
| 22. I hereby certify that I attended the deceased alive on 1955, and that  |                                   | 10:45 Q.M. from the ca                         |                               | stated above.  |

PARTICIPATE OF A TRANSPORT OF STATE OF A TRANSPORT HEAR CERTIFICATE OF BEATH PERCIO -10 the secondary Cale The first and a series ne ne s Elle (7 dentary Sennial Sential) the first of the first of the state of the s erforettill degree ! BUREAU V. E. 9961 77 100 TO THE PERSON OF ALL POSSIBLE OF THE the worder and the server of deserved to the deal of the server. It is The Court of the C

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72 hours after death. After this director, the third copy of this

registrar within by the funeral

the the .5

TO FUNERAL DIRECTOR: The liw requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

# ATTENDING PH SICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be ratained by the hospital or attending physician. INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10227

### CERTIFICATE OF 10222 DEATH

|  |                                       |                                       |                  |              |                    | F  | leg. D       | ist. No           |           | *******     |
|--|---------------------------------------|---------------------------------------|------------------|--------------|--------------------|--|--------------|-------------------|-----------|-------------|
| 1. PLACE OF DEATH  |                                       |                                       |                  | 2. USU       | AL RESIDEN         | CE (HOME) OF   | ECEAS        | ED                |           |             |
| COUNTY Wicon   |                                       | MARYL                                 |                  |              | Maryla             |  |              |                   |           |             |
| CITY (If outside corporate limits, w   | rite RURAL                            | LENGTH OF                             |                  | CITY         | (If outside corpo  | prote limits, write RURAL  | end give     | neerest town)     |           |             |
| 12 TOWN Salisby  | ıry                                   |                                       | of lif           | TOWN         | 1                  | Salisbury  |              |                   | 12        |             |
| HOSPITAL OR<br>INSTITUTION OR  |                                       |                                       |                  | STREET       |                    |  | ive location | n)                | 1         |             |
| A STREET ADDRESS   | me - 801 W.                           | Main S                                | St               | ADUKI        | :99                | 801 W. Mai:  | n Sta        | reet              | ,         |             |
| 3. NAME OF (First)   |                                       | Middle)                               | 7.42             | (Last)       |                    | 4. DATE (Mc  |              | (Day)             | (Yes      | or)         |
| (Type or Print) Marth  | D111                                  | rnell                                 | An               | derson       |                    | OF DEATH   | 10-          | 30                | _ 20      | SE          |
| 5. SEX   6. COLOR OR   | 7. SINGLE, MARRI                      | ED,                                   | 8. DATE O        |              |                    | 9. AGE lest birthday   | ~~           | DER 1 YEAR        | LIF UNDER | 55<br>24 HR |
| Female RACE A.A.   | (Specify) W1                          | low                                   | 18               |              |                    | 75 yrs.  | Month        | s Deys            | Hours     | Min.        |
| 10e. USUAL OCCUPATION (Give kind of done during most of working life,  | of work 10b, KIN                      | D OF BUSINESS INDUSTRY                | 5                | 11. BIRTHPLA | CE (State or fore) | gn country)  |              | 12. CITIZE        |           | AT          |
| relired) Domestic  |                                       | Cook                                  |                  | Salisb       | ury, Wie           | comico Co.,  | Md.          |                   | USA       |             |
| 13. FATHER'S NAME  |                                       |                                       |                  | 14. MOT      | HER'S MAIDEN       | NAME   |              |                   | MA AL     |             |
| Ja   | acob Jones                            |                                       |                  |              |                    | Sallie Hi  | tch          |                   |           |             |
| 15. WAS DECEASED EVER IN U. S. AR  |                                       | . SOCIAL SECU                         | JRITY NO.        | 1 17.        | NFORMANT &         |  |              | rine S            | +===1     |             |
| (Yes, ap, or unk.) (If Yes, give war or  | detes of service)                     | None                                  |                  | 1600         | Minne              | e Cottman.   |              |                   |           |             |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (C)                                   | Ch                                    | their            | 2 He         | el K               | Just C   |              |                   | we        | 2           |
| TO THE DEATH BUT NOT RELATED TO<br>DISEASE OR CONDITION CAUSING D  | THE                                   |                                       | He               | But          | enaco              | 72   |              | 4                 | uk        | /           |
|  | 96. MAJOR FINDINGS                    | OF OPERATION                          | 1                |              |                    | and the second s |              | YES YES           | -         |             |
| 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                   | OF INJURY street, of                  | , farm, fectory<br>office bldg., atc. | 1                | In. WHERE DI | D.INJURY OCCU      | R? (City or town)  | (C           | ounty)            | (State    | )           |
| 21d. TIME OF INJURY (Manth) (Dey)  | (Year) (Hour) 21e.<br>Whii<br>M. et w |                                       | While Work       | 2H. HOW DIE  | INJURY OCCU        | R?   |              |                   |           |             |
| 22. I hereby contify that !  | attended the decer                    | sed from                              | JEK3             | 1950         | S to Ch            | 1.30 105   | 3 the        | I last say        | w the de  | C0350       |
| alive on Oct 3   |                                       |                                       | occurred at.     |              | A, from the o      | causes and on the  | date st      | ated abov         |           |             |
| REMOVAL (SPECIFY)  | ATE THÉREOF                           | 111                                   | M.D. CEMETERY OR |              | CE P               | LOCATION (City, lov  |              |                   |           | State       |
| Burial   | 11-3-55                               | Green                                 | Acres            |              |                    | Salisbury  | , Wic        | comuco            | Co.,      | Mo          |
| 24. REC'D BY REGISTRAR REDATE //- 2-5-5  | ary W. T                              | bellon                                | au               | Stew         | at Jun             | verse, stome   |              | ADDRESS<br>alistr |           | st          |
|  |                                       |                                       |                  | 1 7 - 00     | 40.0               | a constant   | 1            | amer              | vuy,      | PLO         |

| AND THE PARTY AND IN   | 13/40/11/12/20 | 122000        |        |
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| COUNTRY  | it in indi     | - 538.90 EA02 |        |
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| - C - OF HOST  |                |               |        |
|  |                | pr 3 fe       | o Dues |
|  |                | - 2794,00     |        |
| atta Wat   |                | Jacan .       |        |
| de Catherital (file<br>Catherital - Catherinal (file (file)) | 1000           |               |        |
|  |                |               |        |
|  |                |               |        |

BUREAU V. S.

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registrar within 7.2 hours after death. After this by the funeral director, the third copy of this

ATTENDING PIP SICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 10223

10228

| 1. PLACE OF DEATH  |                                  |                    | 2. USUAL RESI                                  | DENCE (HOME) OF D               | ECEASED              |                 |
|--|----------------------------------|--------------------|--|---------------------------------|----------------------|-----------------|
| COUNTY Wic   | omico                            | MARYLAND           | STATE Mary                                     | land COUNTY                     | Wice                 | omico           |
| CITY (If outside corporate limit   |                                  | LENGTH OF STAY     | CITY (If outside                               | corporete limits, write RURAL a | nd give nearest town | n)              |
| OR end give nearest town)  | lisbury                          | (in this place)    | OR<br>TOWN                                     | Powellville                     |                      | V               |
| HOSPITAL OR  | Treadly                          | 1                  | STREET   |                                 | re location)         |                 |
| - INSTITUTION OR   | en. Gen. Eospi                   | ltal .             | ADDRESS  | In Village                      |                      | /               |
| 3. NAME OF (Fin  |                                  | Middle)            | (Lest)   | 4. DATE (Mor                    |                      | (Yeer)          |
| (Type or Print) DAV  | ID CLAF                          | RENCE              | BAILEY   | DEATH                           | OCT. 13              | th 19 55        |
| 5. SEX   6. COLOR OR   |                                  |                    | TE OF BIRTH                                    | 9. AGE lest birthdey            | IF UNDER 1 YEAR      |                 |
| Male White   | (Specify) Ma.3                   | rried   Au         |  | 79 yrs.                         | Menths 14            | Hours Min.      |
| 10a. USUAL OCCUPATION (Give kind done during most of working li                            |                                  | OF BUSINESS        | 11, BIRTHPLACE (Siete or                       | foreign country)                |                      | EN OF WHAT      |
| retired) Retired Mer   | chant Gener                      | ral Store          | Powellvill                                     | e, Maryland                     | 1                    | USA             |
| 13. FATHER'S NAME  |                                  |                    | 14. MOTHER'S MAI                               | DEN NAME                        |                      |                 |
| Josiah Bailey  | ,                                |                    | TOTOTOTE                                       | Mary G. Adl                     | ins                  |                 |
| 15. WAS DECEASED EVER IN U. S.   |                                  | SOCIAL SECURITY NO | 17 INFORMAN                                    | T & ADDRESS                     |                      | 2-1             |
|  | or detes of service)             |                    |  | rence Fooks Ba                  |                      | re)             |
| Unk  |                                  | IN MEDICAL         | CERTIFICATION                                  | llville, Mary                   | I IN                 | TERVAL BETWEEN  |
| I DISEASES OR CONDITIONS DIRE  | CTLY LEADING TO DEATH            | 10: 11111111111    | 2 10 //  | 11                              |                      | SET AND DEATH   |
| 420,0 IMMEDIATE CAUSE  | in The                           | Magne              | al Xanu  | Alicion                         | eu 1                 | un              |
|  | A                                | The same           | A THE THE                                      | 16                              | 11 -                 | 1               |
| DISEASES OR CONDITIONS IF A  |                                  | Marino             | ellerotic 1                                    | Went he                         | execuse              |                 |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CASTATING UNDERLYING CAUSE LA        | AST DUE TO                       |                    |  | 7                               |                      |                 |
| STATING CHOEKETING CAUSE C   | (C) A/                           |                    |  |                                 |                      |                 |
| II OTHER SIGNIFICANT CONDITION   |                                  | 1. 1               | - had  | 11.1                            | 91                   | 6.              |
| TO THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSIN                                  |                                  | avera              | mel  | lixus.                          | _ w                  | Muson           |
| 19a. DATE OF OPERATION   | 196. MAJOR FINDINGS C            | OF OPERATION       |  |                                 |                      | O. AUTOPSY?     |
| 10   |                                  |                    |  |                                 | YE                   |                 |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN | ATH OF INJURY street, of         |                    | 21c. WHERE DID INJURY O                        | CCUR? (City or town)            | (County)             | (Stete)         |
| 21d. TIME OF INJURY (Month) (I   | Day) (Yeer) (Hour) 21a.<br>While | INJURY OCCURRED    | 21f. HOW DID INJURY C                          | CCUR?                           |                      |                 |
|  | M. et wo                         |                    | 11./   | 1. 1                            |                      |                 |
| 22. I hereby certify that  | Dattended the decea              | sed from           | T, 1900, 100                                   | 13 19 5                         | Sthat I last sa      | aw the deceased |
| alive of Tal   | 8/10.5577                        | that doub accurre  | 2:10P. M, from t                               | he causes and on the            | date stated abo      | ve              |
| SIGNATURE /  | A. J. 17                         | inal deals occurre | a alaaaaaaaan, rom i                           | DDRESS (Street, city, tow       | n, state)            | DATE SIGNED     |
| XIL  | - 4 /                            |                    | Candon Ama C                                   | all 4 whereast Mountain         | land Oct             | 15 1955         |
| / youred /   |                                  |                    | Camden Ave. S                                  | LOCATION (City, tow             |                      | (State)         |
| 23 RUPIAN CREMATION -7   | DATE THEREOF                     | I NAME OF CEMEIRS  |  |                                 |                      |                 |
| 23. BLIRTAL, CREMATION,<br>REMOVAL (SPECIFY)   | DATE THEREOF                     | NAME OF CEMETERS   | OR CREMATOR!                                   | LOCATION (City, tow             | .,,                  | (37414)         |
| REMOVAL (SPECIFY) Buriel   | Oct.16,1955                      |                    |  |                                 |                      |                 |
| REMOVAL (SPECIFY)  |                                  |                    | S Church Cemet  25. FUNERAL DIRECTO HOLLOWAY & | ery Powellyi                    |                      | land            |

ALAS VELEZI STATE BENANTANTANTO IVERALINA SE ELETIMOSE, TE MINAGE TO STADISTISSO SESSE Trade and the state of analysis ... outles all CTOTAL GIO DANG LAY ME Salapser ave stall The season of the season of Juniford efficiency court forms divisors benight STATUTE DOWN OF A CONTRACT Inch Store an Podick Inthes (Wile) Sentered , Milylfern Common Telephone 4 - 1 - 2 191 C. 18 1 100: W. Tillabur, W. 1914 18 1, 20 1916 大学的一个文献的一种的一种的一种的一种的一种的一种。

INSTRUCTIONS

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

| Dr. Quinn  | Reg. Dist. No.   |
|--|--|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEASED  |
| COUNTY WICOMICO MARYLAND   | STATE Maryland COUNTY Wicomico   |
| CITY (If outside corporeta limits, write RURAL LENGTH OF STAY OR and give negrest town) (In this place)                                | CITY (If outside corporate limits, write RURAL and give nearest town) OR   |
| X TOWN Mardela   | TOWN Mardela   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge Street  | STREET (ff rural give locetion) ADDRESS Bridge Street  |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) EDWARD STANLEY B.   | (Lost)  4. DATE (Month) (Day) (Year)  OF DEATH OCT. 4 th 19 55   |
| 5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O   | F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS   |
| Male White (Spacify) Married July 1:   | 1 = 1884 71 yrs. Months Days Hours Min.  |
|  | 11. BIRYHPLACE (Stets or foreign country)  Athol Maryland  12. CITIZEN OF WHAT COUNTRY?  USA   |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| T.Jefferson Bailey   | Matilda Elizabeth Goslee   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   | Mrs. Melvin Cobb (Daughter) Bridge St.   |
| (Yas, no, or unk.) (If Yas, give wer or detes of service)  | Mardela. Maryland  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  |
| 4201 IMMEDIATE CAUSE (A) Dellar  | Sixt Ale State   |
| ANTECEDENT CAUSE(S) DUE TO   | thentrees  |
| DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO                             | June 1   |
| (C)  |  |
| TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH                      |  |
| 198. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION  | 20, AUTOPSY7<br>YES NO D   |
| 21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, form, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.) | Cic. WHERE DID INJURY OCCUR? (City or town) (County) (State)   |
|  | 211. HOW DID INJURY OCCUR?   |
| alive on 19 and that death occurred at signature   | 4:00 AM, from the causes and on the date stated above.  ADDRESS (Street, city, lown, state)  DATE SIGNED   |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OF CEMETERY OR   | the state of the s |
| Burial Oct. 6.1955 Mardels Com  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   | Mardela, Maryland  |
| DATE Oct. 7, 1955 Mary of Helloway   | HOLLOWAY & COMPANY SALISBURY MARYLAND  |

AN CALL ME STATE LEVAL THANK TO THE ACTION OF A PARTY OF 0.935111 CHRISTE OF DEATH - 14 - 52 T Martin and American acteodari. distriction and beauty in Jath called EDO INTERN SOMEONAL VALLES paying frederift as at her The state of the same of the s Bratistics, stary de ground Libert of Deldon - 4/8 41 -O zell, stable a . to ato . 

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|----|---|----|----|----|--|
| 1  | U | N  | U  | 17 |  |

| CITY (If outside corporate limits, write RURAL or end give nearest town)  Salisbury  HOSPITAL OR INSTITUTION OR STREET ADDRESS  NAME OF DECEASED (Type or Print)  S. SEX  COLOR OR  OR  CITY (If outside corporate limits, write RURAL and give nearest town)  Salisbury  CITY (If outside corporate limits, write RURAL and give nearest town)  Salisbury  SIRET ADDRESS  Hazel Ave.  (If rural give location ADDRESS  Hazel Ave.  (If rural give location ADDRESS  Hazel Ave.  4. Date (Month)  OF DECEASED (Type or Print)  Female  OCT.  SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married  April 11, 1887  68  YES.   | 12                           |
|--|------------------------------|
| OR end give nearest town)  TOWN  Salisbury  HOSPITAL OR INSTITUTION OR STREET ADDRESS  NAME OF DECEASED (First)  TOWN  SALISBURY  STREET ADDRESS  Pen. Gen. Hospital  Clearly  BAKER  SALISBURY  STREET ADDRESS  TOWN  SALISBURY  STREET ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADATE (Month)  OF DECEASED (First)  MINNIE  TVA  BAKER  SALISBURY  (#f rurel give location (Give kind of work with one work done during most of working life, even if the control of the property | (Dey) (Year)                 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  Pen. Gen. Hospital  NAME OF DECEASED (Type or Print)  MINNIE  MINNIE  STREET ADDRESS  Hazel Ave.  (First)  (Middle)  BAKER  (Lest)  Fenale  (Lest)  DEATH Oct.  STREET ADDRESS  Hazel Ave.  (Lest)  DEATH Oct.  ADATE (Month)  OF DECEASED (Month)  Fenale  White  (Specify) Married  April 11, 1887  Months  GR   Months   Mont | (Dey) (Year)                 |
| STREET ADDRESS  Pen. Gen. Hospital  3. NAME OF DECEASED (First) (Type or Print)  MINNIE  IVA  BAKER  4. DATE (Month) OF DEATH OCt.  5. SEX  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married  April 11, 1887  68 yrs. 68  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if  | 3.54%                        |
| (Type or Print)  MINNIE  IVA  BAKER  DEATH Oct.  5. SEX  6. COLOR OR RACE Widowed, DIVORCED, (Specify) Married  April 11, 1887  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if  10. IVA  BAKER  PAKER  9. AGE lest birthday IF UNDI Months  68  YES.  11. BIRTHPLACE (Siete or foreign country)  | 3.54%                        |
| Female White Whowed, DIVORCED, (Specify) Married April 11, 1887 68 yrs. 6  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY 11. BIRTHPLACE (Slete or foreign country)  | - 19                         |
| done during most of working life, even if OR INDUSTRY  | ER 1 YEAR   IF UNDER 2       |
| 22 22 22 22 22 22 22 22 22 22 22 22 22   | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME  |                              |
| Thomas Disharoon   Theodosia Emily Hearn  15. Was deceased ever in U. S. Armed Forces?   16. Social Security NO.   17. Informant & Address   |                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yos, no, or unk.) (if Yos, give wer or detes of service)  (No. 10. Social Security No. 17. Informant & Address Mr. Elmer B. Baker (Husband Salisbury.Maryland)  | 1) 232 Haze                  |
| ANTECEDENT CAUSE (A) a Clotte Evenny ochlusion  MISEASES OR CONDITIONS, IF ANY, (B) Coronary atley clisease (occlusion   | 15 men                       |
| STATING UNDERLYING CAUSE LAST. DUE TO arthur cleves marked   | 2 4                          |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   | J                            |
| 198. MAJOR FINDINGS OF OPERATION   | YES NO                       |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)  | unty) (State)                |
| 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not work 21f. HOW DID INJURY OCCUR?  M. et work 12f. HOW DID INJURY OCCUR?  |                              |
| 22. I hereby certify that I attended the deceased from 16/11 1951 to 10/11 1955 that   | last saw the dece            |
| alive on 10 11 19 15 , and that death occurred at 12 211M, from the causes and on the date states (Street, city, town, stete)  | red above.  DATE SIG         |
| Hary Walloy M.D. Canden Ave. Salisbury, Maryland   | Oct  5 19                    |
| 23. BURIAL, CREMATION.   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or coun  |                              |

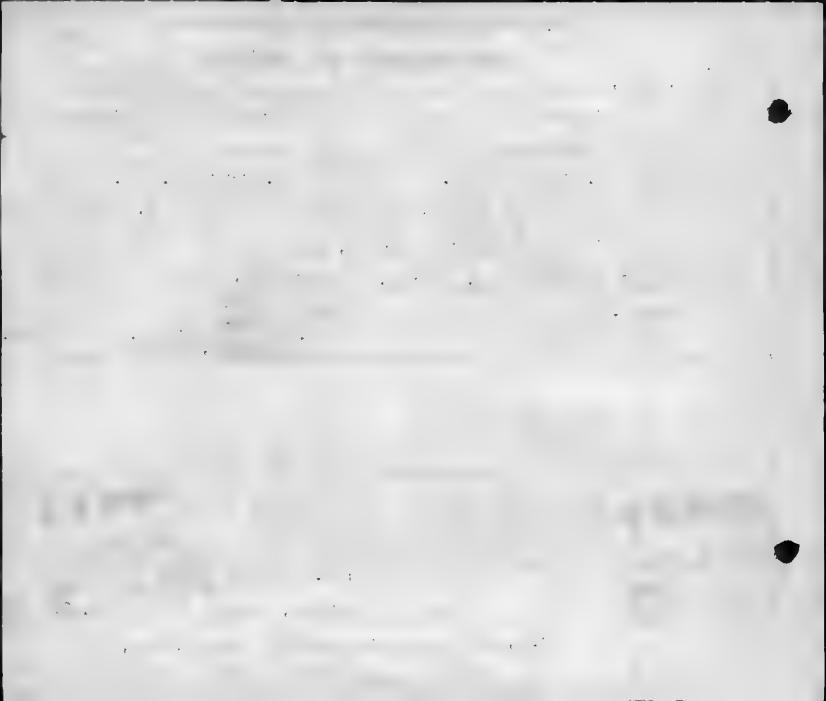
CERTIFICATE OF DEATH Restant Training CANAL COMMAN TVA TARKE DIE soltry Doc. W2 420 in Portage Delibert CONTRACT DISEASE menal within also seem Anneally was a great of BUREAU V. E. Andth all trailing for the palatic services Cat. I , II all light and I am I am

10277

# CERTIFICATE OF DEATH

10231

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEAS  | ED   |
|--|--|--|
| COUNTY Wicombco MARYLAND   | STATE Maryland COUNTY  | Micomico   |
| CITY (If outside corporete limits, write RURAL   LENGTH OF STAY  | CITY (If outside corporete limits, write RURAL end give n  | entest Jown)   |
| OR end give neerest town) TOWN Fruitland (in this place)   | TOWN Fruitland   | , and the second   |
| HOSPITAL OR  | STREET (If rure) give location   |  |
| INSTITUTION OR STREET ADDRESS S. Division St Ext.  | ADDRESS S. Division St. Ex   |  |
| 3. NAME OF (First) (Middle)  | (Lest) 4. DATE (Month)   | (Dey) (Yser)   |
| (Type or Print) QUINTON GREENLEAF  | BANKS DEATH OCT.   | 25 th 19 55  |
| 5. SEX , 6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   | OF BIRTH 9. AGE lest birthday   IF UND   | ER 1 YEAR JIF UNDER 24 HI  |
| Male White Specifyl Married Merch  | 8, 1981 74 yrs. Monins   | Days Hours Min   |
| 10e. USUAL OCCUPATION (Give sind of work done during most of working life, evan if OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)  | 12. CITIZEN OF WHAT  |
| RetTird Employee of the John H. Dulany Co.   | Mear Fruitland, Maryland   | 12. CHIZEN OF WHAT COUNTRY?  |
| 13. FATHER'S NAME Frozen & Can Foods (Gate attend  | ent )4. MOTHER'S MAIDEN NAME   |  |
| Thomas L. Banks  | Mary Smith   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   | 17. INFORMANT & ADDRESS  |  |
| (Yes, no, or unk.) (If Yes, give wer or dates of service)  | Mrs. Ethel Banks (Wife) S.   | Division St I  |
| Unk  | Mary and   |  |
| 18. MEDICAL CE   | ETIPICATION ROSSIES CONTRACTOR   |  |
| E DISPASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | RTIFICATION Fruitland  | INTERVAL BETWEEN   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | CALLED SECTION   | ONSET AND DEATH  |
| 331X IMMEDIATE CAUSE (A) Cerept al A   | Lecument 10  |  |
| 331X IMMEDIATE CAUSE (A) Certain A ANTECEDENT CAUSE(S) DUE TO  | Lesucinus 12   |  |
| 331X IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING DISE TO THE ABOVE CAUSE  OF THE ABOVE CAUSE  | Lesuchanis 12  |  |
| ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO   | Lesuranus 12   |  |
| ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  LAST, DUE TO  (C)  | Lesuranus 12   |  |
| ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  | Lesuranus 12   |  |
| ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  | Lecuronis 12   | ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH                                    |
| ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  | Lewarns 12   | ONSET AND DEATH  Co. J  Co. AUTOPSY?   |
| ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. ACCIDENT WAS UNDERLYING  19b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)   | felianis je  | ONSET AND DEATH  Co. J. Z.  Co. AUTOPSY?   |
| ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING  21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED   | fermany e  | ONSET AND DEATH  Co. J  20. AUTOPSY? YES NO  |
| ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OCC  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)   | 21c. WHERE DID INJURY OCCUR? [City or town) (Co  | ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH                   |
| ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING  OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  While  Not white  A. BY  ANTECEDENT WAS UNDERLYING  OF INJURY Street, office bidg., etc.)  | 21c. WHERE DID INJURY OCCUR? (City or town) (Co  | 20. AUTOPSY? YES NO NO NO UNITY) (Stefe)   |
| ANTECEDENT CAUSE(S)  DUE TO  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)  While Not white at work  at work  12a. Not white at work  12b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.)   | 21c. WHERE DID INJURY OCCUR? (City or town) (Co  | 20. AUTOPSY? YES NO State)   |
| ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  210. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while at work et work  22. I hereby certify that I attended the deceased from   | 21c. WHERE DID INJURY OCCUR? (City or town) (Co  | 20. AUTOPSY? YES NO (State)  I last saw the decease and above.                       |
| ANTECEDENT CAUSE(S)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTHEY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Ysar) (Hour)  AND STREET OF THE STATE OF THE STREET OF THE STREE | 21c. WHERE DID INJURY OCCUR? (City or town) (Co  | 20. AUTOPSY? YES NO State)  I last saw the decease and above.  DATE SIGNE            |
| ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  OCCUPIED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) M. at work et work  alive on   | 21c. WHERE DID INJURY OCCUR? (City or town) (Co<br>21f. HOW DID INJURY OCCUR?<br>21f. HOW DID INJURY OCCUR?<br>1932, to 10-23, 1955, that<br>17:00PaM, from the causes and on the date sta<br>ADDRESS (Straet, city, town, steta)<br>Fruitland, Maryland | 20. AUTOPSY? YES NO State)  I last saw the decease led above.  DATE SIGNE Oct. 26 13 |
| ANTECEDENT CAUSE(S)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTHEY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)  AND 21e. INJURY OCCURRED While AND 21e. I | 21c. WHERE DID INJURY OCCUR? (City or town) (Co 21l. HOW DID INJURY OCCUR?  21l. HOW DID INJURY OCCUR?  193 2, to 10-23, 195 5, that at 7:00P.M, from the causes and on the date sta ADDRESS (Street, city, town, steta)  Fruitland. Maryland            | 20. AUTOPSY? YES NO NO NOTE SIGNE Oct. 26 19   |
| ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING DEATH.  21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While at work et work  22. I hereby certify that I attended the deceased from alive on 125 and that death occurred alive on 155 and th | 21c. WHERE DID INJURY OCCUR? (City or town) (Co<br>21f. HOW DID INJURY OCCUR?<br>21f. HOW DID INJURY OCCUR?<br>1932, to 10-23, 1955, that<br>17:00PaM, from the causes and on the date sta<br>ADDRESS (Straet, city, town, steta)<br>Fruitland, Maryland | ONSET AND DEATH  20. AUTOPSY? YES NO NO NOTE SIGNE  Oct. 25 10 (Stele)               |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After of of 10232 CERTIFICATE OF DEATH death. after dez 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED hours aft Wicomico Maryland Baltimore City COUNTY MARYLAND 72 hour: director, (Il outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give nearest town OR (in this place) Baltimore TOWN 85 months TOWN Salisbury HOSPITAL OR STREET INSTITUTION OR Deer's Head State Hospital **ADDRESS** within E. Fort Avenue (First) (Middla) NAME OF (Lost) DATE (Month) (Day) DECEASED registrar by the f Barranco the Santi Oct. (Type or Print) DEATH 19 COLOR OR SEX SINGLE, MARRIED. B. DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Male Months Hours (Specify) . 5 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT V with filled done during most of working life, even if OR INDUSTRY COUNTRY? Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely Salvatore Barranco Felicia Barranco physician. 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. certificate (If Yes, give war or datas of service) Hospital Records pue 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death Myocardial failure l week IMMEDIATE CAUSE DUE-TO ANTECEDENT CAUSE(S) Generalized carcinomatosis The taw requires that the sted by the attending ph should be detached for un 당 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. the hospital DUE TO 9 yrs. Ca. of prostate gland II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO X be retained 21c. WHERE DID INJURY OCCUR? (City or town) 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, larm, lactory, (County) (Stata) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., alc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: death certificate assembly 21d. TIME OF INJURY (Month) (Day) (Year) 21f. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED While Not white at work жы at work been 22. I hereby certify that I attended the deceased from. Jan. 12 Oct. .55..., that I last saw the deceased ....., and that death occurred at 10:45AM, from the causes and on the date stated above. alive on Oct. has TO FUNERAL SIGNATURE ADDRESS (Street, city, lown, state)
Deer's Head Hospital L.V. Maldve, M.D. certificate Sbury . haryland | LOCATION (City, town, or county) BURIAL, CREMATION, DATE THEREOF FNAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE Burial New Cathedral 24. RECAD BY REGISTRAR

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10233

10226 Reg. Dist. No. . ... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY WICOMICO Wicomico STATE Maryland MARYLAND COLINTY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL end give nearest town) and give nearest town) (in this place) TOWN SAlis TOWN Salisbury HOSPITAL OR STREET (If rurel give location) INSTITUTION OF Peninsula General Hosp. ADDRESS STREET ADDRESS R.D. (Fruitland) (Middle) (Last) DATE (Month) (Year) DECEASED 'harles (Type or Print) Leonard DEATH October 20 19 53 5. SEX COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, (Specify) Widowed Male 81 Months Hours Aug. 18, 1874 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY relised) Retired Carpenter-F. W. Allen Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Wyatt Daniel W. Betts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Mr. Arthur L. Betts (Son) Fruitland, Md. (Yas, no, or unk.) (If Yas, give wer or dates of service) Unk 18. MEDICAL CERTIFICATI INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH UREMIZ 2 wks IMMEDIATE CAUSE ANTECEDENT CAUSE(S) y dro Nephrosis, Bilateral DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. Tumor of Bladder and Prostate 2 mons 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? blacken honeunhan YES T NO 218. ACCIDENT WAS UNDERLYING IT 216 PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERP DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 210. INJURY OCCURRED 216. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from Oct. 1.7 ..., 1955, to Oct. 20, 1955, that I last saw the deceased 1955 and that death occurred at 10 40 A.M. from the causes and on the date stated above. alive on Oct. 40 BIGNATURE MOI LOCATION (City, town, or county) 23. BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (SPECIFY) Burial Oct. 23, 1955 Smullen Cemetery-St. Luke Near Fruitland. Maryland 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND

ж. 100

10234

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 33 |
|---------|------------|-------------|----|-------|--------|

| WINDLESS COMMENTS  | THE OF DESIGN   | 110.00                           |
|--|---|----------------------------------|
| I. PLACE OF DEATH:   | 2. USUAL RESIDENCE (HOME) OF DECEASED:                                  |                                  |
| COUNTY icomico MARYLAND  | stateMaryland county Wicomico   |                                  |
| CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Delmar LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RURAL and OR TOWN Delmar        | give nearest town)               |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS FOSKEY Lane  | STREET (If rural, give location) ADDRESS Foskey Lane                    | 7                                |
| 3. NAME OF (First) (Middle)  | (Last)   4, DATE (Month) (Day   | (Year)                           |
| DECEASED: (Type or Print) David Elliott  | Bolen OF DEATH 10-21-55   | 19                               |
| M RACE: WIDOWED, DIVORCED, William (Specify): Married Jul  | e of Birth: 9. AGE last birthday: IF UNDER 1 Y 4,1880 75 yrs. Months Da | Hours   Min.                     |
| work done during most of work life INDUSTRY:   |   | COUNTRY?                         |
| even if retired): Carpenter Wood   | West Virginia   | I S A                            |
|  |   |                                  |
| Daniel C. Bolen  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO:                                 | Flizabeth Esten   |                                  |
| (Yes, no, or unk.) (If Yes, give war or dates of service)  | Daisey Bolen, Delmar, Md.   |                                  |
|  | AL CERTIFICATION  | 1                                |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   | AN ODMINION   | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Coronary occlus  | ion   |                                  |
| Immediate cause (a) . Coronary . Occius  | ion   | Sudden                           |
| Antecedent cause(s)  |   |                                  |
| Diseases or conditions, if any, (b) giving rise to the above cause DUE TO  |   |                                  |
| stating underlying cause last (c)  |   |                                  |
| IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. |   |                                  |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:   |   | 20. AUTOPSY                      |
|  |   | Yes D No                         |
| 21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] OF street, office bldg., etc. CAUSE OF DEATH.                  |   | (State)                          |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. While at work                | 2it. HOW DID INJURY OCCUR?  |                                  |
| 22. I hereby certify that I took charge of the remains describ   | bed above, held an Autopsy 🗌, Inspection 🖼,                             | Inquiry [], and                  |
| find that death resulted from: Natural causes , Accid  | dent ☐, Suicide ☐, Homicide ☐, Undetcr<br>CHIEF MEDICAL EXAMINER ☐      | mined cause   DATE SIGNED        |
| SIGNATURE Faul   | DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.                   | 19-21-55                         |
| REMOVAL (Specify): 10-23-1955 Parsons  | Cemetery Salisbury and  |                                  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  | 4. S. Maril Co- Leilm   | ADDRESS LLL                      |
|  |   | /                                |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: pleas write the causes of death clearly and lagibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53





registrar within 72 hours after death. After this by the funeral director, the third copy of this

<u>.</u>...

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

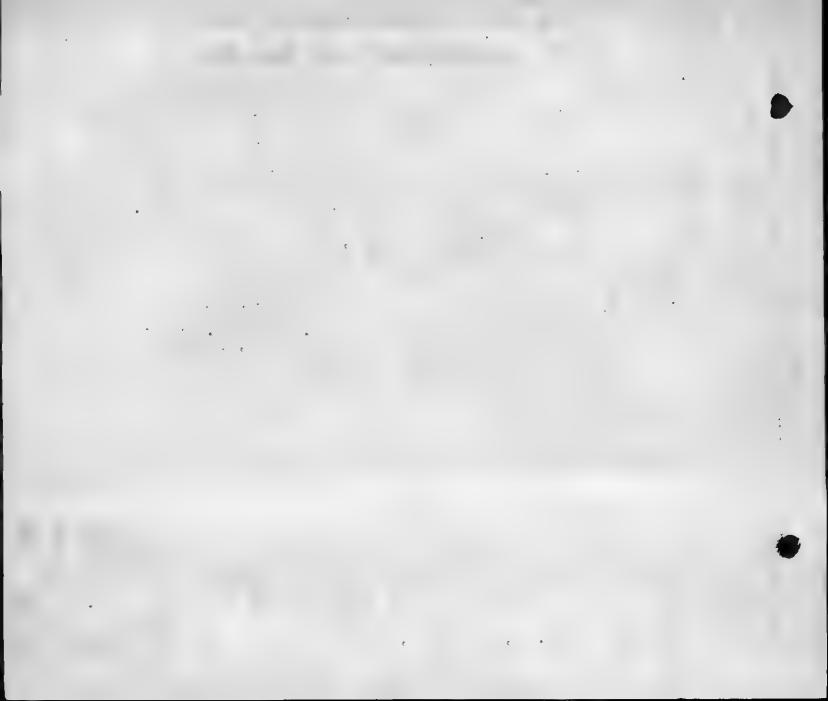
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10279

## CERTIFICATE OF DEATH

10236

| Dr. Larmore  | Reg. Dist. No  |
|--|--|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECKASED  |
| COUNTY WICOMICO MARYLAND   | STATE Maryland COUNTY Wicomico   |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN  Hebron  | CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron               |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St  | STREET (il rurel give location) ADDRESS Main St  |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) FLAVIUS WOODLAND B  | (Cert)  4. DATE (Month) (Day) (Year) OF DEATH OCt. 14th 19 55                                      |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specily) Xidowed April   | OF BIRTH  9. AGE (ast birthday  1 IF UNDER 1 YEAR  Months Days  Hours Min.                         |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Merchant General Store   | 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COLUMBIA Delaware  USA    |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| Flavius Josephus Bradley   | Rachel Emily Howard  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yas, give wer or dates of service)  | Mr. Clifford J. Bradley (Son) Habron, Waryland   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH   |
| H-1/X IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S) DUE TO  DISPASES OF CONDITIONS IF ANY (B)   |  |
| STATING UNDERLYING CAUSE LAST. OUT TO  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.                  | ing; valadar hant de opne fist . ps.   |
| 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES NO T  |
| 21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)                                       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work at work   | 211. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from   | 19 2 x , to the the deceased   |
| alive on 19 3 and that death occurred a SIGNATURE  | ADDRESS (Street, city, town, state)  ADDRESS (Street, city, town, state)  DATE SIGNED  CL. /5 1955 |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR  | R CREMATORY LOCATION (City, town, or county) (Stete)   |
| Burial Oct. 16.1955 Hebron, Cem  | Tetery Hebron Maryland 1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS                                  |
| DATE et. 18, 1955 Mary It. Halloway,   | HOLLOWAY & COMPANY SALISBURY MARYLANT  |



BUREAU V. S.

OBVIBORY 8781 81 TOO

10238

# 10229 CERTIFICATE OF DEATH

Reg. Dist. No. 332

| 1. PLACE OF DEATH   |                                    | 2. USUAL RESIDEN                  | CE (HOME) OF DECEASED  |
|---|------------------------------------|-----------------------------------|--|
| COUNTY Wicomico   | MARYLAND                           | STATE Maryla                      | and county Somerset  |
| City (If outside corporele limits, write RURAL  | LENGTH OF STAY                     |                                   | ete limits, write RURAL end give neerest town)   |
| OR end give nearest town)   | (in this place)                    | OR<br>TOWN                        | , A  |
| 14m Dattannia   |                                    | Weno                              | $na_{\perp}$ /9x $\lesssim$  |
| HOSPITAL OR INSTITUTION OR  |                                    | STREET<br>ADDRESS                 | (if rure) give location)   |
| 82 STREET ADDRESSPENINSULA General  | Hoondtol                           | ADDRESS                           |  |
| 3. NAME OF (First)  | Hospital                           | (Last)                            | 4. DATE (Month) (Day) (Yee   |
| DECEASED  |                                    | •                                 | OF   |
| (Type or Print)   | Bru                                | mmett                             | DEATH Oct. 23. 1955 19   |
| 5. SEX 6. COLOR OR 13. SINGLE MARRIED   | . B. DATE                          |                                   | . AGE last birthday   IF UNDER 1 YEAR IT UNDER   |
| ingle literte Widowed, DIVO   | ic - 2                             | 23-55-                            | yrs. Manihs Deys Hours   |
|   | OF BUSINESS                        | 11. BIRTHPLACE (Stelle or foreign | n country) 12. CITIZEN OF WHA  |
| relicad)  | NOUSTRY                            | 7112                              | COUNTRY  |
| 13. FATHER'S NAME   |                                    | " way                             | 1100   |
| TO TAME   | 211                                | 14. MOTHER'S MAIDEN N.            | AME  |
| tames Dhun  | mult                               | norman                            | has Tanks  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  | SOCIAL SECURITY NO.                | 17, INFORMANT & AS                | DORESS   |
| (Yes, no, or unk.) (If Yes, give wer or dates of service)   | -                                  | 120, 278                          | (17) /-  |
|   |                                    | 11:40 / dell                      | tak landenes in Tax  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  | 18. MEDICAL CEI                    | RTIFICATION                       | Men A INTERVAL BETY  |
| Don Don   | mintered                           | <u></u>                           | ONSET AND DE   |
| IMMEDIATE CAUSE (A)   | manuche                            | 4                                 |  |
| ANTECEDENT CAUSE(S) DUE TO  | . <                                | T                                 |  |
| DISEASES OR CONDITIONS, IF ANY, (B)   |                                    |                                   |  |
| STATING UNDERLYING CAUSE LAST, DUE TO   |                                    |                                   |  |
| (C)   |                                    |                                   |  |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | 1 -                                | 0 .                               | 2  |
| TO THE DEATH BUT NOT RELATED TO THE PACE.   | nta Praevia                        | + Czeseria:                       | n Section  |
| 198. DATE OF OPERATION 196. MAJOR FINDINGS O  | F OPERATION                        |                                   | 20. AUTOPS   |
|   |                                    |                                   | YES NO   |
| 216. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, OR CONTRIBUTING 1 CAUSE OF DEATH IF ETTHER, NOTIFY MEDICAL EXAMINER) | ferm, fectory,<br>ice bldg., a(c.) | 21c. WHERE DID INJURY OCCUR?      | ? (City or lown) (County) (State)  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. 11   | NJURY OCCURRED                     | 21f. HOW DID INJURY OCCUR         | ?  |
| White M. el worl  | Not while                          |                                   |  |
|   |                                    |                                   |  |
| 22. I hereby certify that I attended the decease  | ed from                            | , 19 to                           |  |
| alive on, 19, and t   |                                    |                                   | nuses and on the date stated above,  |
| SIGNATURE   | ingi dogili occollec d             |                                   | Marketine 271 a for a contract of the contract |
| Madria Carlo  | <i>^</i>                           | 1070                              | ESS (Sireer, city, lown, state) DATE SIC   |
| 23 AVOLLE DESTIVELLE  | M.D. /                             | Ul Camelen A                      | tell salesbucky M. 10/24   |
| 23. BURIAL, CREMATION, DATE THEREOF   | NAME OF CEMETERY OR                | CREMATORY                         | LOCATION (City, town, or county) (S)   |
| 11-74-5-6   | St- Paul 7                         | 1.11.20                           | Illand Mid   |
| 24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE  | or ruces                           | 25. FUNERAL DIRECTOR'S SI         | ALLEN TILL, FELL.  |
| 11-24-66 May 11:4   | 10:                                | A LINECTOR'S SI                   | 1 7 1 DUKESS   |
| DATE / C- a7 ) mary u /   | tellay                             | di 19 Wei                         | usler horas estand   |
| 1 10 1 2 2/ 1   |                                    |                                   | 7  |



this This

1. PLACE OF DEATH

OR.

Female

TOWN

HOSPITAL OR INSTITUTION OR

NAME OF

STREET ADDRESS

DECEASED

(Type or Print)

13. FATHER'S NAME

Wicomico

and give nearest town)

10a, USUAL OCCUPATION (Giva kind of work

done during most of working life, avan if retired) NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day)

19a. DATE OF OPERATION

alive on..... **SIGNATURE** 

(If outside corporate limits, write RURAL

Salisbury. Maryland

Kate

John Barrett

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(A)

DUE TO

DUE TO

(Year)

22. I hereby certify that I attended the deceased from Aug.

DATE THEREOF

COLOR OR

Will te

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2.

(Last)

11. BI

21c. W

21f. H

Buck?

B. DATE OF BIRT

April 17

### CERTIFICATE 19230

MARYLAND

LENGTH OF STAY

(in this place)

32 days

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFIC

Cerebral Thromb

Arteriosclerosi

Deer's Head State Hospital

SINGLE, MARRIED,

WIDOWED, DIVERCED (Specify) WICOWED

196. MAJOR FINDINGS OF OPERATION

21b PLACE (Homa, farm, factory,

OF INJURY streat, office bldg., etc.)

Whila

at work

21a. INJURY OCCURRED

(Middla)

10b. KIND OF BUSINESS or industry None

unk

Marv

10239

| OF DEA   | ATH                 |         |           |        |                   | ファ                |        |
|--|---------------------|---------|-----------|--------|-------------------|-------------------|--------|
|  |                     | Re      | eg. D     | ist.   | No                | 33                |        |
| USUAL RESIDE                                   | NCE (HOME) O        | F DI    | CEA       | SED    |                   |                   |        |
| STATE Maryla                                   |                     | NTY     | Ba        | 1t:    | lmor              | 0                 |        |
| CITY (If outside com<br>OR<br>TOWN Pol-1       |                     |         |           |        |                   |                   |        |
| STREET BELT                                    | timore, Ma          | ry.     | and       |        | - 1               | 01                | -4     |
|  | St. Anns A          | ve.     | 1         |        |                   |                   | V      |
|  | 4. DATE             |         |           |        | (Day)             | (Ya e             | /      |
| ey   | DEATH               |         |           |        | 2                 | 19                | 55     |
| 7 7.000  | 9. AGE last birthd  | lsy     | IF UN     | IDER 1 | YEAR              | IF UNDER<br>Hours | 24 HR5 |
| 7, 1882  | 73                  | yrs     | 14441111  | 1      |                   |                   |        |
| RTHPLACE (State or foreign country) 12  reland |                     |         |           |        | CITIZEN OF WHAT A |                   |        |
| MOTHER'S MAIDEN                                | NAME                |         |           |        |                   |                   |        |
| Cather   | ine O'Con           | nel     | 1         |        |                   |                   |        |
| 17. INFORMANT &                                |                     |         |           |        |                   |                   |        |
|  | tal Recor           | กิด     |           |        |                   |                   |        |
| ATION  | 10001               | W.D     |           |        |                   | VAL BETW          |        |
| osis   |                     |         |           |        | ON5               | ET AND DI         | EATH   |
| OSTR   |                     | -       |           |        | -7                | days              |        |
| s Gen.   |                     |         |           |        |                   | -                 |        |
|  |                     |         |           |        |                   |                   |        |
|  |                     |         |           |        |                   |                   |        |
|  |                     |         |           |        |                   |                   |        |
|  |                     |         |           |        | 20                | AUTOPS            | Y?     |
|  |                     |         |           |        |                   | □ NO              |        |
| HERE DID INJURY OCC                            | UR? (City or town)  |         | {<        | County | ')                | (State)           |        |
| DW DID INJURY OCC                              | UR?                 |         |           |        |                   |                   |        |
|  |                     |         |           |        |                   |                   |        |
| 955 to Oc                                      | t. 2. 10            | 55      | th=       | E I I  | act sau           | the doc           | eared  |
| 30AM, from the                                 | causes and on i     | the d   | ata el    | ated   | سود اده           | ine dec           | 98360  |
| ADL  | SMESS (Silver, Cit) | y, Iowi | n, stala) | 2100   | E                 | ATE SI            | GNED   |
| Salisbury,                                     | Maryland            |         |           |        | 10,               | /2/55             |        |
| TORY   | LOCATION (City      | , towr  |           |        |                   |                   | tata)  |
| emetery  | Paltino             | Mo      | ,         | 1.     | 13, 7             | 1267              |        |

funeral β .5 with filled completely transit and physician 80 USe **FUNERAL DIRECTOR:** The law requires that the certificate has been executed by the attending ph death certificate assembly should be detached for waster to some may be retained by the hospital

BURIAL, CREMATION, REMOVAL (SPECIFY) ר במונום REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

(Hour)

Potors

M. D.

NAME OF CEMETERY OR CREMA

Not white

at work

and that death occurred at 10;

25. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 





- 53

A15A - 5

VS.

| MARYLAND STATE DEPARTMENT OF E   | PALTU DALTIMODE 10  | 241                          |
|--|---|------------------------------|
|  | TIFICATE OF DEATH No.   | 332                          |
| I. PLACE OF DEATH:   | 2. USUAL RESIDENCE (HOME) OF DECEASED:  |                              |
| COUNTY Wicomico MARYLAND   | STATE Virginia COUNTY Accomack  |                              |
| CITY (If outside corporate limits, write RURAL OR and give nearest town)  CITY (If outside corporate limits, write RURAL (in this place)  CITY (If outside corporate limits, write RURAL (in this place)   | CITY (If outside corporate limits write RURAL and give nor TOWN Wattsville, Va.             | earest town)                 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospita  | STREET (If rural, give location) ADDRESS  | -                            |
| 3. NAME OF (First) (Middle) DECEASED:  |   | (ear)<br>19 55               |
| 6. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Spinishing and Color of C | /1922   33 yrs.   | lours Min.                   |
| 10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Wife   | Vinginia ILSA   | EN OF WHAT                   |
| 13. FATHER'S NAME:   | 14. MOTHER'S MAIDEN NAME:   |                              |
| ESTEE Johnson  15. Was Deceased Ever In U.S. Armed Forces ? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of 219-07-6393)   | Ida Conner 17. INFORMANT & ADDRESS:  Ida Johnson, Wattsville, Va.                           |                              |
|  | L CERTIFICATION INTER   | IVAL BETWEEN<br>IT AND DEATH |
| Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  | degree burns-80 % body surface. 12  | 2 daya                       |
| IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |   |                              |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:   |   | Ves No K                     |
| 21a. EXTERNAL CAUSE WAS PRIMARY Of CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HOME  | Wattaville Accomack Virg  | inia.                        |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while INJURY 9 20 55 M. Work I at work   | Burning trash and caught clothes a  |                              |
| 22. I hereby certify that I took charge of the remains describ find that death resulted from Natural causes [], Accid SIGNATURE  | ent M, Suicide , Homicide , Undetermined CHIEF MEDICAL EXAMINER DAY DEPUTY MEDICAL EXAMINER |                              |
|  | Cem. Wattsville, Va.  | (State)                      |
| PEG H 55 Mary W. Nolly Way   | of the militarities.  | ADDRESS                      |

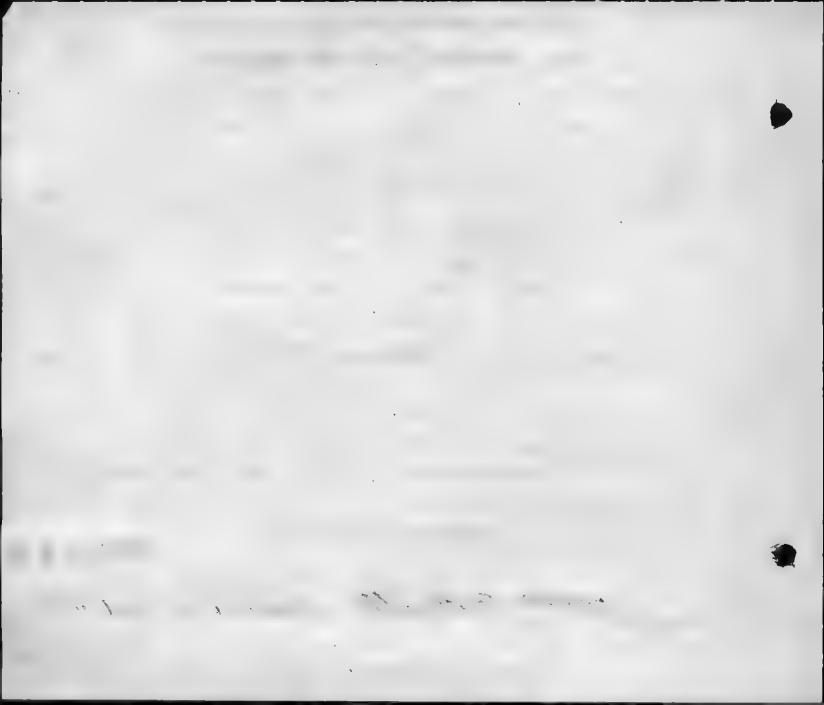
Men Church 24

10242

# 10233 CERTIFICATE OF DEATH

Reg. Dist. No.....

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (HOME) OF DECEASED                                  |
|---|--|
| COUNTY (1) C COOK 1 F T MARYLAND                                      | STATE MARY LONGCOUNTY WIP OMICO  |
| CITY (If outside corporate lights, write RURAL   LENGTH OF STAY       | CITY (If outlide corporate limits, write RURA), and give nearest town) |
| OR and give nearest town) (In this place)                             | TOWN Q A \ \ O\  |
| HOSPIAL OR  | STREET (If rural graphocetion)   |
| INSTITUTION OR  | ADDRESS (IF FUTAI DIPOTOCETION)  |
| STREET ADDRESS Commander General Hospita                              | of 423 Drown St.   |
| 3. NAME OF (First) (Middle)   | (Last) 4. DATE (Month) (Dey) Year)                                     |
| (Type or Print)   | DOKOTT DEATHOCTOLIN 12- 1955   |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF                     | BIRTH 9. AGE fest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.        |
| MIDOWED, DIVORCED, (Specify)  | yrs. Months Deys Heurs Min.  |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS )    | 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT          |
| done during most of working life, even if OR INDUSTRY                 | COUNTRY?   |
| 13. FATHER'S NAME   | mary Land U.S. A   |
| 11.12 COS A O   | 14! MOTHER'S MAIDEN NAME   |
| Winifeed herben Locke   | It Catherine Reba Bromble  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  | 17. INFORMANT & ADDRESS  |
| (Yes, rlo, or unk.) N Yes, give wer or detes of service)              | mothered Tothe   |
| 18. MEDICAL ÇER   | TIFICATION INTERVAL BETWEEN  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH                    | ONSET AND DEATH  |
| 162. DIMMEDIATE CAUSE (A) - Cry Wir                                   | o- Victoria  |
| ANTECEDENT CAUSE(S) DUE TO  | 1  |
| DISEASES OR CONDITIONS, IF ANY, (B)                                   | clases.  |
| STATING UNDERLYING CAUSE LAST. DUE TO                                 | 12.0   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING                          | twilly of cheening   |
| TO THE DEATH BUT NOT RELATED TO THE                                   |  |
| DISEASE OR CONDITION CAUSING DEATH,                                   |  |
| 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION               | 20. AUTOPSY?   |
| 21a ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory,   21   | 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)            |
| OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.) | (3)8/6)  |
|   | 21f. HOW DID INJURY OCCUR?   |
| M. at work at work  |  |
|   | F 10/11 00   |
|   | 19.55, to  |
| alive on D/la/  |  |
| SIGNATURE SALAW DA THE  | ADDRESS (Street, city, town, slete) DATE SIGNED                        |
| - 10 - 10 Penerston   | daleshow, Med 10/8/50  |
| 23 CREMATION, DATE THEREOF NAME OF CEMETERY OR                        | CREMATORY LOCATION (City, town, or county) (Stell)                     |
| 12/8753 Remande   | Elene Offerito SOU D med   |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE                          | 25. UNERAL DIRECTOR'S SIGNATURE ADDRESS                                |
| 1 1-7-55 Mary III Hallanne  | Yoursenda General Vile to to   |
| DATE O SPIGNAGAS. TELESTICAS  | Kensing D. Kelling XII Leeding   |



10234

# CERTIFICATE OF DEATH

10243

0 22

|  | Reg. Dist. No. 382   |
|--|--|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECRASED  |
| COUNTY A COMMISSION MARYLAND  CITY (If outside corporate lymits, write RURAL LENGTH OF STAY OR and give neerest town)  LENGTH OF STAY OR and give neerest town)  | STATE MARY AND COUNTY WICOMICO  CITY (If outside corporate limits, write RURAL and give nearest town) OR                 |
| 12 TOWN SALISBURY Shrey  | o rown Powellville X   |
| HOSPITAL OR INSTITUTION OR PENERAL HOS   | STREET (If rural give location)  |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print)   | DAVIS  4. DAYE (Month) (Dey) (Year)  DAVIS  DEATH OCTOBER 21 19 55   |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. WIDOWED, DIVORCED, (Specify)   | DATE OF BIRTH  9. AGE less birthday  FUNDER 1 YEAR  HOURS Men.  15 UNDER 24 HRS  WORTH Days  Hours Men.                  |
| 10b. USUAL OCCUPATION (Give kind of work done during plost of working life, even if retired)  13. FATHER'S NAME ()   | 11 BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY (COUNTRY)   |
| Isaac Smith  | Sarah Truit  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (*Yes, give war or dates of service)  | NO. Mrs. Magge Timpons, Powellelle   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL  422, I IMMEDIATE CAUSE  [A]   | CERTIFICATION INTERVAL ELECTION ONSET AND DEATH  |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)   | engene 28 food Buchos  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |  |
| 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION  | 20 AUTOPSY? YES NO   |
| 21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, form, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., alc.)  (IF ETHER, NOTIFY MEDICAL EXAMINER)  | 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)   |
| 21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not work  | 211. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from alive on 19 and that death occur signature  | red at 7:30 MM, from the causes and on the date stated above.  DATE SIGNEY  D. J. L. |
| 23. BURIAL CREMATION, REMOVAL (SPECIFY)  DATE THEREOF  10-23-55  STRUCT  | ERY OR CREMATORY LOCATION (City, town, or county) (51310)  |
| DATE 10-25-55 REGISTRAR'S SIGNATURE  AND PROPERTY OF THE PROPE | 25 MINERAL DIRECTOR'S SIGNATURE Selleville hoe   |



The

M

A15-10-53

V.S.

PLEASE TYPE OR WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10925

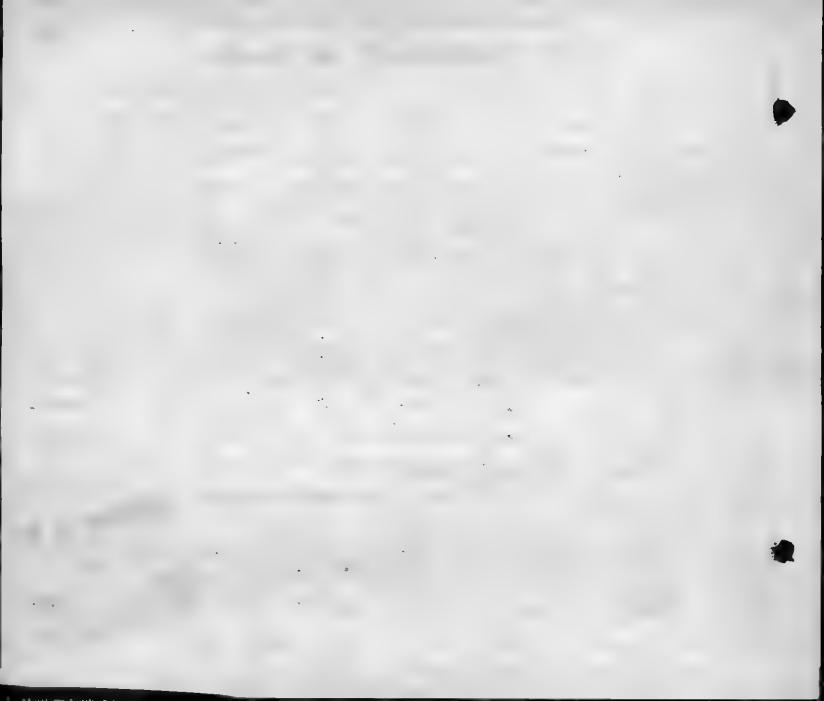
#### CERTIFICATE OF DEATH

|            | 10%00 OBRITIOATI  | Of DEATH Reg. D                               | st. No                                  |
|------------|---|---|---|
| <u> </u>   | I. PLACE OF DEATH   | 2. USUAL RESIDENCE (HOME) OF DECEM            | ED:                                     |
| 100        | COUNTY MICONICO MARYLAND  | STATE MARKED COUNTY W                         | comie                                   |
| a le       | OR and give nursest town)  CITY (If our ide corporate, limits, write RURAL LENGTH OF STAY or and give nursest town) | CITY(If outside corporate limits, write RURAL | and give nearest town)                  |
| and        | 1000 Valishung Layro,   | TOWN Valeshun                                 | 2. 1.                                   |
| early      | HOSPITAL OR INSTITUTION OR CALL OF  | STREET (If rural rive locality                | n)                                      |
| Clea       | * STREET ADDRESS 926 C. Church St.  | 926 G. Chuns                                  | L DI                                    |
| 5          | 3 NAME OF (Drst)  | (Last) 4. DATE (Month)                        | (Day) (Year)                            |
| deal       | 5. SEX-   6. COLOA OR   7. SINGLE, MARRIED.   8. DATE   | OF BIRTH: 19, AGE last birthday I r under     | 9, 1955                                 |
| 010        | RICO WIDOWED, DIVORCED.   | 139 11 Months                                 |   |
|            | TOTAL USUAL OCCUPATION (Give kind of, 10s KIND OF BUSINESS  | 11 BIRTHPLACE (State or foreign country): 11  | 2. CITIZEN_OF WHAT                      |
| causes     | werk done during most of working life, OR INDUSTRY:   | me 1  | POUNTANT                                |
| ਹ<br>ਹ     | 13. LATHERS NAME:   | 14. MOTHER'S MAIDEN MANE                      | 000.11.                                 |
| th         | Allien of Vennia  | Marin Littlet                                 | plante. Semi-                           |
| rite       | IS, WAS DECEASED EVER IN U.S. ARNED FORCES!   18. SOCIAL SECURITY NO.   | 17 INFORMANT & APDRESS;                       | 2                                       |
| A CI       | (Yes, no. os tink.) (If Yes, give raf or dates  | Ma Helen Nangarde                             | de ledio                                |
| pleas      | 18. MEDICAL CERTIFICAT  | TION  | INTERVAL BETWEEN                        |
| d.         | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |   | ONSET AND DEATH                         |
| 100        | H-2 IMMEDIATE CAUSE (A) Cuty  | oselyater heart direct                        |   |
| Physicians | ANTECEDENT CAUSE (S)  |   |   |
| ysic       | DISEASES OR CONDITIONS, IF ANY. (B) With  |   |   |
| F.         | STATING UNDERLYING CAUSE LAST. DUE TO   | 1-04014-                                      |   |
| jt.        | (c) 1/7p4/.   | raphie as hours                               |   |
| rtai       | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE                                    |   |   |
| important  | DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION:   19B, MAJOR FINDINGS OF OPERATIO                      | N   |   |
|            | TOOL DATE OF CHANGE   | ••  | 20. AUTOPSY?                            |
| III Y      | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac  | story. 21c. WHERE DID (City or town) (Co.     | unty) (State)                           |
| especiall  | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,  | etc. INJURY OCCUR?                            | , |
| Ciga<br>a  | 21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   | D   21F. HOW DID INJURY OCCUR?                |   |
| 90         | OF INJURY  M. work at work at work  |   |   |
| 90<br>an   | 22. I hereby certify that I attended the deceased from //-/   | 8 , 1954, to 10, 1955 , that I la             | ast saw the deceased                    |
| Ø\$        | alive on /4 2/ , 19 5, and that death occurred at   | M, from the causes and on the dat             | e stated above.                         |
| ect        | SIGNATURE!  | AM ADDRESS 1 - 0 0 1                          | ATE SIGNED                              |
| correct    |   | TERY OR CHEMATORY   LOCATION (Bits, toyn,     | or county) e (State)                    |
| •          | THEMOVAL (SPECIFY) (1) 15 1000 M  | aller he stales                               | no had                                  |
|            | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   | 24 FUNERAL DIRECTOR                           | ADDRESS C                               |
|            |   |   |   |

# 19236 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (HOME) OF DECEASED                                  |
|---|--|
| COUNTY WIS COUNTY   | STATE MARILLAND COUNTY 11/20205 too                                    |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY   | CITY (If outsides or parate limits, write RURAL end give naerast town) |
| OR and give naerest town) (in this place)   | TOWN D   |
| HOSPITAL OR   | STREET (If rural give location)  |
| INSTITUTION OR O  | ADDRESS  |
| 2 Marsalla Hallax Homila  |  |
| 3. NAME OF (First) (Middle) DECEASED  | (Last) 4. DATE (Month) (Dey) (Yast)                                    |
| (Type or Print) Harry   | Downs DEATH Detolus 5- 1055  |
| 5. SEX 6. COLOR DR 7. SINGLE, MARRIED, 8. DATE C  |  |
| male & (Specify)  | yrs. Months Days Hours Min.  |
| 108. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS  | 11. BIRTHPLACE (Stele or foreign code):                                |
| dane during most of working life, even if OR INDUSTRY relified)   | COUNTRY? 2   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| ?   | 2  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.  | TT. NIFORMANT & ADDRESS  |
| (Yes, no, or unk.) (If Yes, give wer or dates of service)   | 1 - D  |
|   | Ten Ola / orl)   |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH                           |
| 1122.2 Bllbluknaz   | 01/6/11/2 / 1 //2.   |
| ANTECEDENT CAUSE (A) DUE TO DO TO THE TOTAL OF THE TOTAL | - Secretary  |
| DISEASES OR CONDITIONS, IF ANY, (B)   | ant Vailure Camo   |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  | 11110  |
| STATING UNDERLYING CAUSE LAST. 10 allalalalalalalalalalalalalalalalalala  | Hobist deletere I cup.   |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | 1. 1. // 1.  |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   | dicy te leusermin  |
| 190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?   |
| ACCOUNTS WAS ALTERNATING OF LOSS AS A CO. AL  | YES NO   |
| 21b. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING [] CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER)  | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)           |
| 21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJURY OCCURRED While Not while  | 21f. HOW DID INJURY OCCUR?   |
| M, et work et work  |  |
| 22. I hereby Kertiff that I attended the deceased from LLLG.  | 1955, 106 CC- 5, 195 T, that I last saw the deceased                   |
| alive on 19 15 and that death occurred at   | The American the causes and on the date stated above.                  |
| SIGNATURE   | ADDRESS (Street, dy. toy), stata) DATE SIGNED                          |
| T. Malasca M.D.   | AN INVINANCE (OXI-55   |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR   | CREMATORY - LOCATION (City, town, or county) - (Stete)                 |
| REMOVAL (SPECIFY)   | Em1BU 15   |
| 24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS                               |
| Bot were m. of Wal  | 12: 10 mmt +-  |
| DATE 0-00.10, 1933 11 Wry /1.042 Claury   | 11) Hot 73 21/1 (excel   |



#### CERTIFICATE OF DEATH 19280

10246

Reg. Dist. No...

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEASED                                 |
|--|---|
| COUNTY ME SOME MARYLAND  | STATE MA. COUNTY Neconico   |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY  | CITY (il outside corporete limits, write RURAL end give nearest town) |
| OR and give negest town).  YOWN  (in this phase).  | TOWN Reigner  |
| HOSPITAL OR  | STREET (W rurel give location)  |
| INSTITUTION OR  STREET ADDRESS   | ADDRESS . /   |
| NAME OF (First) (Middle)   | (Lest) 4. DATE (Month) (Dey) (Year)                                   |
| DECEASED (Type or Print)   | OF (1) - 17 -   |
| USCA ( ).  | OF BIRTH 9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 24 HR      |
| RACE WIDOWED, DIVORCED,  | OF DIKITI   |
| (Specify) Pluraced 8   | 130/18/1 84 40. 1 18  |
| De, USUAL OCCUPATION (Give kind of work done during most of working life, even if  | 11. BIRTAPLACE (State or soreign country)  12. CITIZEN OF WHAT        |
| retired) Farmer James D  | Burglue Mountant V  |
| FATHER'S NAME  | 14. MOTHER'S MAIDEN HAME  |
| Columbia Duna  | Henry Ita Planeterson   |
| S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.  | 17. INFORMANT & ADDRESS   |
| (Yes, no pr unk.) (If Yes, give wer or dates of service)   | 199 5 11 Durane 30000   |
| 18. MEDICAL CI   | ERTIFICATION ATTENDED   |
| DESEASES OR CONDITIONS DIRECTLY LEADING TO DEATH?  | ONSET AND DEATH   |
| 3.3/X IMMEDIATE CAUSE (A)  | Mocillas Neull Chillen. 2 with  |
| ANTECEDENT CAUSE(S) DUE TO   | DT all a d laws   |
| DISEASES OR CONDITIONS, IF ANY, (B)  | vilviencements 10 years   |
| STATING UNDERLYING CAUSE LAST. DUE TO  |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | 4   |
| TO THE DEATH BUT NOT RELATED TO THE  | in livels   |
| DISEASE OR CONDITION CAUSING DEATH.  | 20. AUTOPSY?  |
| is a manufacture in a second of the second o | YES NO  |
| 216. ACCIDENT WAS UNDERLYING [   21b. PLACE (Home, farm, factory,  | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)          |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY straat, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   |
| 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s, INJURY OCCURRED White Not white   | 21f. HOW DID INJURY OCCUR?  |
| M. et work et work   |   |
| 22. I hereby certify that I attended the deceased from   | 4, 1947, to 18 CC. F., 1955, that I last saw the decease              |
| alive on 1800 + 1955 , and that death occurred   | a A. A. from the causes and on the date stated above.                 |
| IGNATURE 1   | ADDRESS (Street, city, town, state) DATE SIGNE                        |
| 1. Vue A. Doulle Miller Mo.  | nautrale 111. 10/19/55  |
| 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C  | R CREMATORY LOCATION (City, toyn, or county) (Steta)                  |
| PENTOVAL (SPECIFY) 10/22/53 Brively  | e l'en River e manula   |
| 4. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE  | 257 FUNERAL DIRECTOR'S SIGNATURE ADDRESS                              |
| m 9 9 00   | 8 PTAROLINE RIOLOSTA  |
| DATE OTHER OTHER DESIGNATION OF ALL DEVELOPMENTS   | Will Wisher I Make Wild   |

**HSYIIUCTIONS** 

hours after death.

Registrar within 72 Lours after Leath. After by the funeral director, the third copy of

2. <u>p</u>

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PLYSICIAN OR HOSPITAL: The law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician.

V V 1 (00)

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10237

## CERTIFICATE OF DEATH

| Dr. Beardsley  | Reg. Dist. No  |
|--|--|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEASED                                    |
| COUNTY Wicomico MARYLAND   | STATE Maryland COUNTY Wicomico   |
| CiTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)  | CITY (If outside corporate limits, write RURAL end give nearest town) OR |
| CITY (If outside corporete limits, write RURAL or STAY (In this place)  A TOWN  CITY (If outside corporete limits, write RURAL (In this place))  Salisbury | TOWN Parsonsburg   |
| HOSPITAL OR INSTITUTION OR   | STREET (If rurel give location) ADDRESS                                  |
| TO STREET ADDRESS Riversids Convelescent Home  | In Village   |
| 3. NAME OF (First) (Middle)  | (Lest) 4. DATE (Month) (Dey) (Year)                                      |
| (Type or Print) IRENE STILES   | EMERSON DEATH Oct. 29th 1955   |
|  | TE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS         |
| Female White (Specify) Widowed No.   | 7. 21.1887 67 yrs 11 8 Hours Min.  |
| 10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS   | 11 BIRTHPLACE (State or foreign country) 12. C.TIZEN OF WHAT COUNTRY?    |
| done during most of working life, even if relired) House Work at Home  | Mt. Vernon New York USA  |
| 3. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| Frank Noble Glover   | Jessie Irene Knight  |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO   | Mr. Frank N. Glover (Brother) Parsonsbur                                 |
| (Yes, no, or unk ) (If Yes, give wer or detes of service)  | Maryland   |
| / 18. MEDICAL  | CERTIFICATION INTERVAL BETWEEN OMSET AND DEATH                           |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH   | cenomiting cricin - a Colles.  |
| IMMEDIATE CAUSE (A) LELEVILLE CONTRACTOR   | centiment of the control   |
| ANTECEDENT CAUSE(S) DUE TO   | Underrowed   |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING LINDFERVING CAUSE LAST DUE TO   |  |
| STATING UNDERLYING CAUSE LAST, DUE TO  |  |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |  |
| DISEASE OR CONDITION CAUSING DEATH. *  |  |
| 19%, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES NO TO   |
| 21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,  | 21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)             |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while   | 211. HOW DID INJURY OCCUR?   |
| M. at work - et-work   |  |
| 22. I hereby certify that I attended the deceased from India   | 19 4, to lette 2 / 19 5 , that I last saw the deceased                   |
| alive on 19 5 , and that death occurred  | d 12:45Pew, from the causes and on the date stated above.                |
| BIGRATURE  | ADDRESS (Street, city, town, stete) DATE SIGNED                          |
|  | East Church St. Salisbury, Md. Oct. 47 195                               |
| B. BURIAL, CREMATION, DAJE THEREOF NAME OF CEMETERY  | OR CREMATORY LOCATION (City, town, or county) (Stete)                    |
| Burial priNov. 1.1955 Rorayton   | Cemetery Rowayton, Conn.   |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS                                 |
| DATE, Mary St Halloway   | HOLLOWAY & COMPANY SALISBURY MARYLAND                                    |



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTHEICATE MEDICAL EXAMINER'S 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Wicomico COUNTY STATE Maryland COUNTY Wicomico MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Saliabile (in this place) TOWN Saliabury Saliabury HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS At home - 346 Delaware Ave. 346 Delaware Avenue (First) 4. DATE (Year) (Month) (Day) DECEASED: DEATH (Type or Print) 1. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 5. SEX: 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS RACE: Months Days Hours 3-25-1920 Female 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WILAT INDUSTRY: work done during most of work life, COUNTRY? even if retired levator Oper. Salisbury, Wicomico Co. Md. Benjamins Store 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Unknewn Cora Wallace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No : 1 17. INFORMANT & ADDRESS: 336 Catherine Street (Yes, no, or unk.) | (If Yes, give war or dates of service) Mrs. Margaret Hall, Salisbury, Maryland No Yes - lost 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a). DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) ...... giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY. Yes P No 21a. EXTERNAL CAUSE WAS (County) 21b. PLACE (Home, farm, factory, 21c. (Dity py Joyn) OF street, office bldg, etc., PRIMARY For CONTRIBUTING CAUSE OF DEATH. 21t. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) | 21c, INJURY OCCURRED INJURY at work F 22. I hereby certify that I took charge of the remains described above, held an Aufopsy , Inspection , Inquiry , and find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [] CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE A DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) REMOXAL (Specify) : Green Acres Memorial Park Salisbury, Wicomico Co., Md. 10-23-55 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 324 E. Church St. ADDRESS mary a. Stewart Salesbury Maryl

FUNERAL

certif, cate death 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10249

#### CERTIFICATE OF DEATH 10281

Reg. Dist. No. I. PLACE OF DEATH WICOMICO 2. USUAL RESIDENCE (HOME) OF DECEASED CITY (Il outside torporete limits, write RURAL MARYLAND Maryland COUNTY Wicomica LENGTH OF STAY (H outside corporate limits, write RURAL and give negrest town) end give nearest town) (in this place) TOWN TOWN Hebron Hebran 25 Yrs HOSPITAL OR STREET (Il rural give location) INSTITUTION OR **ADDRESS** Rt #1 STREET ADDRESS Rt #1 NAME OF (Middle) (Lest) DATE (Month) (Dey) (Year) DECEASED (Type or Print) Stephen Filmore DEATH 10 13 Evans 19 55 S. SEX COLOR OR SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED Months Deys Hours Nov.15,1886 Male White (Specify) Widowed 68 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, avan If OR INDUSTRY U.S.A. Parmer Own Farm Maryland 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Millard F. Evans Henriettie White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) (Yas, no, or unk.) None Levin Evans, Same 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Peromboses DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21a. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Steta) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED (Yeer) 21f. HOW DID INJURY OCCUR? While Not while et work at work 22. I hereby certify that I attended the deceased from 19.5.5..., that I last saw the deceased alive on Cct. 55 ..., and that death occurred .M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, Igwn, state) DATE SIGNED DATE THEREOR NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, LOCATION (City, town, or county) (State) REMOVAL (SPECIFY)
Burial Hebron Cemetery Hebron, Maryland 24 REC'D BY REGISTRAR RECESTAR'S SIGNATUR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Hill & Johnson Co. Salisbury, Md. DATE Jorman T. Baker



#### CERTIFICATE OF DEATH

|  | 7.2               |                                 | Reg. Dis                            |                             |
|--|-------------------|---------------------------------|-------------------------------------|-----------------------------|
| 1. PLACE OF DEATH  | 1                 | 2. USUAL RESIDEN                | CE (HOME) OF DECEASE                | D                           |
| COUNTY TO TO MA  | RYLAND            | STATE Maryla                    | nd county Pal+:                     | imore City                  |
|  | TH OR STAY        | CITY (If outside corpora        | ite limits, write RURAL and give ne | erest town)                 |
| 12 TOWN Tall 1 My  | . s. 2.10S.       | TOWN Paltim                     | (***)                               | 34014                       |
| HOSPITAL OR  | f g               | STREET<br>ADDRESS               | (If rure) give location)            |                             |
| 4/ STREET ADDRESS "party " and " tate " a  | Luil              | 1334 Y                          | . Elen Street                       | 1                           |
| 3. NAME OF (First) (Middle) DECEASED   | 4.3.7             | (Lest)                          | 4. DATE (Month)                     | (Dey)  Year)                |
| (Type or Print)  | 2 "               | Freg                            | DEATH Oct.                          | 29 1955                     |
| 5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   | 8. DATE O         | F BIRTH 9                       | . AGE last birthday   IF UNDE       | R I YEAR   IF UNDER 24 HRS. |
| RACE WIDOWED, DIVORCED,  |                   | 25, 1887                        | 68 yrs. Months                      | Days Hours Min.             |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTR  | SINESS            | 11. BIRTHPLACE (State or foreig | n country)   1                      | 2. CITIZEN OF WHAT          |
| refined)   | S                 | Ralt's mara, M                  | wyla id                             | COUNTRY?                    |
| 13. FATHER'S NAME  |                   | 14. MOTHER'S MAIDEN N           | AME                                 |                             |
| Alfred Glbson  | si-               | Florens                         | e Omith                             |                             |
|  | SECURITY NO.      | 17. INFORMANT & A               | DORESS                              |                             |
| (Yes, no, or unk.) (If Yes, give wer or dates of service)  | 1-4               | Hospita                         | 1 Records                           |                             |
|  | MEDICAL CER       | TIFICATION                      |                                     | INTERVAL BETWEEN            |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                   |                                 |                                     | ONSET AND DEATH             |
| .593X IMMEDIATE CAUSE (A) Uremia   |                   |                                 |                                     | ever 0.f                    |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)   | antalany O        | Homerulonephri                  | 1.1 ។                               | 2                           |
| GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO  | 1                 |                                 |                                     | -                           |
| 260 % (C)  | A .               |                                 |                                     |                             |
| TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH  | , mellit          | nis Biletanal                   | fenoral atomici                     | 13 years                    |
| 194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPER.  | ATION             |                                 |                                     | 2D. AUTOPSY?                |
| DA COURSE WAS INDERIMINED TO DAY OF HE   | Ę.                | , ,                             |                                     | YES NO X                    |
| 27a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bids (IF EITHER, NOTIFY MEDICAL EXAMINER) | inclory. Z        | TIC, WHERE DID INJURY OCCUR     | ? (City or town) (Cau               | inty) (Stete)               |
| 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY While Windle et work   | Not while et work | 211. HOW DID INJURY OCCUR       | 7                                   |                             |
| 22. I hereby certify that I attended the deceased fro  | m. A 13.28        | 19.51 to Oc                     | t, 29 19.55 that                    | l last saw the deceased     |
| alive on Oct 1 19 19 55 and that de  |                   |                                 |                                     |                             |
| SIGNATURE A. Malder  | ."<br>М. D.       |                                 | ESS (Street, city, lown, stele)     | DATE SIGNED                 |
| 23, BURIAL, CREMATION, DATE THEREOF NAME   | OF CEMETERY OR    | CREMATORY                       | LOPATION (City Jown, or count       | Mar II A                    |
| Burnel 10/30/54/M  | to Car            | versi                           | 12 alto a /                         | TULD .                      |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   | 77                | 25 TONER A ORECTOR'S            | IGNATURE                            | Offermitty St               |
| DATE Many St. Hon  | Clowar            | to kny 19                       | ( wason p                           | O KERENLY W                 |

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

certificate be executed within INSTRUCTIONS

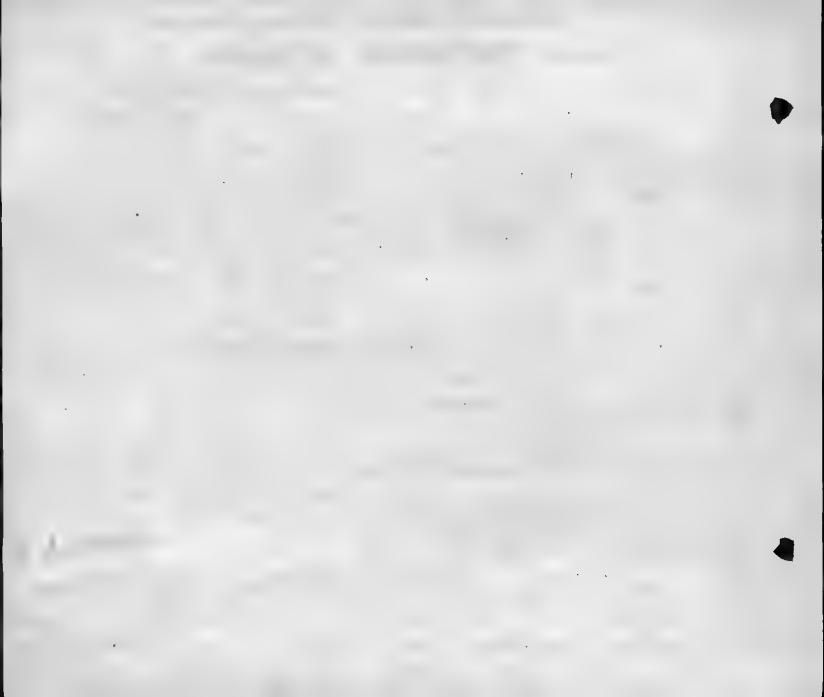
tours after death.

ATTENDING PRESICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.



DATE

|  |                                    |                               | F                         | leg. Dist.       | No              | -, ,     |
|--|------------------------------------|-------------------------------|---------------------------|------------------|-----------------|----------|
| . PLACE OF DEATH   |                                    | 2. USUAL RESIDE               | NCE (HOME) OF             | ECEASED          |                 |          |
|  | RYLAND                             | STATE Marylai                 | nd county                 | Dorel            | nester          |          |
|  | TH OF STAY this place)             | CITY (If outside corpo        | orete fimits, write RURAL | end give neeresi | fown)           |          |
|  | days                               |                               | ridge, Mary               | land             | 09.1:           | - A.     |
| HOSPITAL OR INSTITUTION OR   |                                    | STREET<br>ADDRESS             |                           | ve location)     |                 |          |
| / STREET ADDRESS Deer's Head State Hos   | oital                              |                               | Pine Street               |                  |                 | 1        |
| NAME OF (First) (Middle) DECEASED  |                                    | (Lust)                        | 4. DATE (Mc               | enth) (i         | Day) (Yee       | r)       |
| (Type or Print) John Henry   | Gl                                 | adden                         |                           | Oct.             | 29 19           | 55       |
| SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,  | 8. DATE O                          | F BIRTH                       | 9. AGE lest birthdey      | IF UNDER 1 Y     | EAR IF UNDER    | 24 HRS.  |
| Male Colored MelWower  | April                              | 15, 1379                      | 76 yrs                    | Months [         | eys Hours       | Min.     |
| De, USUAL OCCUPATION (Give kind of work done during most of working life, even lif OR INDUSTI  | ISINESS                            | 11. BIRTHPLACE (State or fore | ign country)              |                  | CITIZEN OF WHA  | kT T     |
| refired) Unk. Uni  |                                    | St. Mary's Co                 | ounty. Mary               | Land             | COUNTRY?<br>USA |          |
| . FATHER'S NAME  |                                    | 14. MOTHER'S MAIDEN           |                           | 1                |                 |          |
| Fred Gladden   |                                    | Lettie Ye                     | oung                      |                  |                 |          |
|  | L SECURITY NO.                     | 17, INFORMANT &               | ADDRESS                   |                  |                 |          |
| us, no, or unk.) (If Yes, give wer or detes of service)  | Ink.                               | Hospital                      | L_Records                 |                  |                 |          |
| DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | MEDICAL CER                        |                               | 10000                     |                  | INTERVAL BETW   |          |
| 221 X Comple   | ral Thromb                         | osis                          |                           |                  | ONSET AND DE    |          |
| Alle TA  | ar III on                          | 0919                          |                           |                  | 12 day          | <u> </u> |
|  | losclerosi                         | s general                     |                           |                  | ?               |          |
| TATING RISE TO THE ABOVE CAUSE TO TATING UNDERLYING CAUSE LAST, DUE TO   |                                    |                               |                           |                  |                 |          |
| (C)  |                                    |                               |                           |                  |                 |          |
| TO THE DEATH BUT NOT RELATED TO THE  | treated                            |                               |                           |                  | ?               |          |
| DISEASE OR CONDITION CAUSING DEATH.  |                                    |                               |                           |                  |                 | V.)      |
|  | Anon                               |                               |                           |                  | YES NO          | PC]      |
| e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, R CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bid  EITHER, NOTIFY MEDICAL EXAMINER) | factory, 2<br>g., etc.)            | Ic. WHERE DID INJURY OCCU     | IR? (City or town)        | (County)         | (Stete)         |          |
| d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. INJURY While et work  | OCCURRED 2<br>Not while<br>et work | HOW DID INJURY OCCU           | JR?                       |                  |                 |          |
| 2. I hereby certify that I attended the deceased from  |                                    | - 1055 to Oct                 | t. 29. 1055               | 45.4.1.1         |                 |          |
| alive on Oct. 28, , 19 55 , and that d   | eath occurred at                   | 5.130AM, from the             | anners and an the         | , IOBI I IBI     | st saw the dec  | eased.   |
| THAT WE IN A A A   | an occurred at.                    |                               | RESS (Street, city, lov   |                  | DATE SIC        | GNED     |
| J.V. Malchy  | M.D.                               |                               |                           |                  |                 |          |
| REMOVAL (SPECIFY)  | E OF CEMETERY OR                   |                               | LOCATION (City, tow       | rn, or county)   | {S              | tete]    |
| REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   | laugh Ceme                         | 25. FUNERAL DIRECTOR'S        | Cambridg                  | ze, Md.          | DRESS           |          |
| m on on  | 00                                 | A STATE OF COLORS             | A A                       | AD               | DKC22           | 1/3      |



carefully. The correct and legibly. I. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) HOSPITAL OR INSTITUTION OR ISTREET ADDRESS White Haven Road every item of information e causes of death clearly 3. NAME OF DECEASED: (Type or Print) 10a. USUAL OCCUPATION (Give kind of work done during most of work life, IS. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Sup I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) Crushed skull lea lea Immediate cause DUE TO O Antecedent cause(s) Diseases or conditions, if any, (b) . .... .. giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 21c. (City or town) 21b. PLACE (Home, farm, factory, PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY Highway XX White Haven W: 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) Not while, While at INJURY 10work [ PL 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X], and find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], SIGNATURE AND DEVIATOR OF MEMBERS AND DESCRIPTION NAME OF CEMETERY DATE THEREO

REGISTRAR'S SIGNATURE

23. BURIAL, CREMATION, REMOVAL (Specify): 田 1/2 June PLE. TE REC'D BY LOCAL

Car went out of control and ran off road. Undetermined cause | ... CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED

(County)

Wicomico

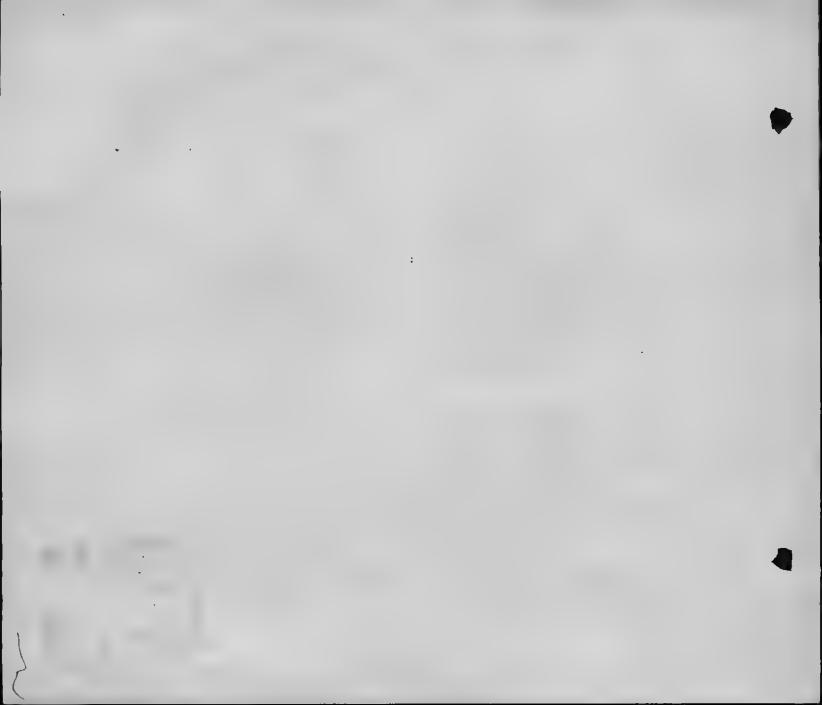
LOCATION (City, town, or county) melen DUNERAL DIRECTOR

Sudden

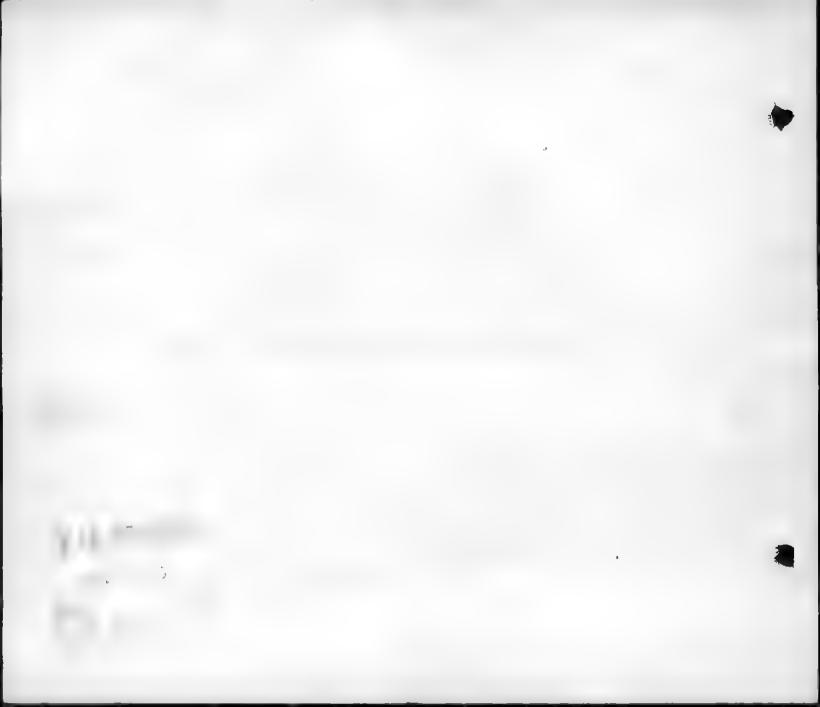
20. AUTOPSY? Yes No.

(State)

Maryland



REGISTRAR



eth. After this co≡y of this

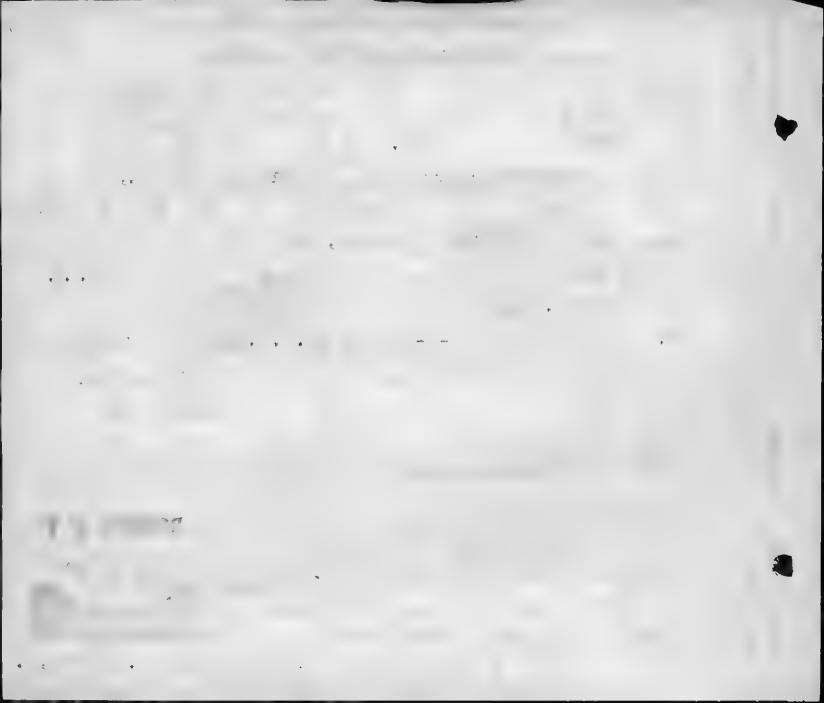
INSTRUCTIONS

## 10242 CERTIFICATE OF DEATH

Reg. Dist. No.

singe ( They's

|  |  |   |   |   |  | And desired to the owner, where the party is not to the party in the p |
|--|--|---|---|---|--|--|
| 1. PLACE OF DEATH  |  | 2. USUAL  | RESIDENCE (HOME) OF                       | DECEASED                                  | )  |  |
| COUNTY Wicomico  | 24 A trabel - A  | ND STATE  | Maryland Count                            | Wice                                      | omcio  |  |
| CITY (If outside corporate limits, write RUR.  | MARYLA  LENGTH OF  |   | utside corporate limits, writa RUR        |   |  |  |
| OR end give_neacest_town)  | [ [In_thin plea  | ce) OR  |   |   | est town)  |  |
| Salisbury Salisbury  | 2 WK   | S. TOWN   | Salisbury                                 |   |  | 12   |
| HOSPITAL OR  |  | STREET  | (If rura                                  | I give location)                          |  | 1  |
| STREET ADDRESS Peninsula   | a General Hospi  | tal ADDRESS   | 320 Peplar Hil                            | 1 Ave.                                    |  | 1  |
| 3. NAME OF (first)   | (Middle)   | (Lest)  | 4. DATE                                   |   | (Dey)  | (eer)  |
| (Type or Print) MILDRED  | (  | HIGGINS   | OF  |   | (00)   |  |
|  |  |   |   | 10  | 3 1  | , 55   |
| 5. SEX 6. COLOR OR 7.  | SINGLE, MARRIED,<br>WIDOWED, DIVORCED.   | B. DATE OF BIRTH  | 9. AGE lest birthde                       |   |  |  |
| Female White   | WIDOWED DIVORCED,<br>(Specify) Single  | April 29, 1899  | )   56 ,                                  | ers. Months                               | Days Hou   | rs N   |
| 10a. USUAL OCCUPATION (Give kind of work   | 10b. KIND OF BUSINESS  |   | tete or foreign country)                  |   | CITIZEN OF W   | /HAT   |
| done during most of working life, even if retired. Hous Keeper   | Own Home   |   |   |   | COUNTRY?   |  |
|  | OWN HOME   | Mary]   |   |   | U.D.A  |  |
| IS. FATHER'S NAME  |  |   | S MAIDEN NAME                             |   |  |  |
| Leenard H. Hi  | iggins   | Anr   | mbel Maddox                               |   |  |  |
| IS. WAS DECEASED EVER IN U. S. ARMED FO  | RCES? 16. SOCIAL SECUR   | RITY NO. 17, INFO   | MANT & ADDRESS                            |   |  |  |
| (Yas, no or unk.) (If Yes, give wer or dates of  | service) 067-26-4  | 1.66 Nma  | J. M. McGrath                             | 10.                                       |  |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)   | NG TO DEATH  | CAL CERTIFICATION   |   |   | INTERVAL BE<br>ONSET AND   |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE   | ng to death Clara  |   |   |   | INTERVAL BE  |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  | ng to death Clara to Quart   | CAL CERTIFICATION   |   |   | INTERVAL BI  | DEAT   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  | ng to death Clara  | CAL CERTIFICATION   |   |   | INTERVAL BE<br>ONSET AND   | DEA1   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MA   | TO ACULT   | cal CERTIFICATION   | diti : anti                               | e ime                                     | 20. AUTC   | DEAT   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION 19b, MA  21a. ACCIDENT WAS UNDERLYING 221b OR CONTRIBUTING 21b CAUSE OF DEATH OF   | ng to death Clara to Quart   | cal CERTIFICATION   |   |   | 20. AUTC   | DEA"   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION  19b. MA  21c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OF  OF CONTRIBUTING CAUSE OF DEATH  OF   | TO OCCUPANTION OF PLACE (Homa, ferm, fectory,  | CAL CERTIFICATION  LE SUS CAL  LE CALLES  2 (c. WHERE DID IN) | decompany                                 | e ime                                     | 20. AUTC   | DEA"   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION  19b. MA  21e. ACCIDENT WAS UNDERLYING  21e. OR CONTRIBUTING CAUSE OF DEATH OF OR CONTRIBUTING CAUSE OF DEATH OF  | TO ACCULATION  TO ACC | 27c. WHERE DID INJ  | decompany                                 | e ime                                     | 20. AUTC   | DEA<br>NO  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MA  21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING 21c OF CONTRIBUTING | TO ACCUTO   | 27c. WHERE DID INJUNIO  | URY OCCUR? (City or town)                 | (Count                                    | 20. AUTC YES 1   | DEA  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING AMERICAN CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MA  21c. ACCIDENT WAS UNDERLYING 12b. OR CONTRIBUTING 11 CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year)  | TO ACCUTO  While Not was at work etwo  et work etwo  et work etwo   | 21c. WHERE DID INJUNIO  | URY OCCUR? (City or town) URY OCCUR?      | (Count                                    | 20. AUTO YES 1   | DEA  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MA  21o. ACCIDENT WAS UNDERLYING 19b. MA  21o. ACCIDENT WAS UNDERLYING 10p. (Year)  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MA  21d. TIME OF INJURY (Month) (Day) (Year)  22. I hereby certify that I attended alive on 10p. 3 19 5   | TO ACCUTO  While Not was at work etwo  et work etwo  et work etwo   | 21c. WHERE DID INJUNIO  | URY OCCUR? (City or town)  URY OCCUR?  to | (Count                                    | 20. AUTO YES 1   | DEA  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MA  21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING 21c OF CONTRIBUTING | TO ACCUTO  While Not was at work etwo  et work etwo  et work etwo   | 21c. WHERE DID INJUNIO  | URY OCCUR? (City or town) URY OCCUR?      | (Count                                    | 20. AUTO YES 1   | DEA  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE ANTECEDENT CAUSE(S) DUE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, UNDERLYING CAUSE LAST, OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MA  21o. ACCIDENT WAS UNDERLYING 12b. OR CONTRIBUTING CAUSE OF DEATH OF OF CONTRIBUTING CAUSE OF DEATH OF (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year)  22. I hereby certify that I attended alive on 10 - 3 19 5   | TO CONTING  TO CON | 21c. WHERE DID INJUNIO  | URY OCCUR? (City or town)  URY OCCUR?  to | (Count                                    | 20. AUTO YES 19 (St. 19) (St.  | DEA  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION  19b. MA  21c. ACCIDENT WAS UNDERLYING 2 21b OR CONTRIBUTING 2 CAUSE OF DEATH OF CONTRIBUTING 2 CAUSE OF DEATH OF CIPTURE, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year)  22. I hereby certify that I attended alive on 2 miles of 2 mile | TO CLASSING TO DEATH  TO CLASSING TO DEATH  TO CLASSING TO DEATH  TO CLASSING TO DETAIL TO DEATH  TO CLASSING TO DETAIL TO DETAIL TO DEATH  TO CLASSING TO DETAIL TO DETAIL TO DETAIL TO DEATH  TO CLASSING TO DEATH TO DEA | 21c. WHERE DID INJUNIO  | URY OCCUR? (City or town)  URY OCCUR?  to | (Count that I te date stated town, stele) | 20. AUTO YES 1  y) (Si   | DEAT   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING AMERICAN CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MA  21o. ACCIDENT WAS UNDERLYING 19b. MA  21o. ACCIDENT WAS UNDERLYING 10c CONTRIBUTING 10c CAUSE OF DEATH OF OF CONTRIBUTING 10c CAUSE OF DEATH OF CREEK, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yasr)  22. I hereby certify that I attended alive on 10c   | TO CLASSING TO DEATH  TO CLASSING TO DEATH  TO CLASSING TO DECEMBER TO TO DECEMBER TO TO DEATH  TO CLASSING TO DECEMBER TO TO DECEMBE TO DECEMBER TO DECEMBER TO DECEMBER TO DECEMBE TO DECEMBER TO DECEMBER TO | 21c. WHERE DID INJUNIA  | URY OCCUR? (City or town)  URY OCCUR?  to | (Count that I le date stated town, stele) | 20. AUTO YES (Since the content of t | DEAT PSY? NO [   |



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

11371

ADDRESS

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Wicomico COUNTY Wicomico Maryland MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) 71 Vins Delmar TOWN Delmar TOWN HOSPITAL OR STREET (If rure) give location) INSTITUTION OR ADDRESS STREET ADDRESS 406 Chestnut Street 406 Chestnut Street 3. NAME OF DATE (Month) (Year) THE RESERVE DEATH OCT. (Type or Print) H1 tchens Seneary Ethe: COLOR OR SINGLE MARRIED B. DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS (Specify) VIR I I 24,1884 Aug. Female Hours 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dona during most of working life, evan if OR INDUSTRY Delmar, Md. At Home Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Palmer Benjamin Truitt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yas, no, or unk.) (If Yes, give war or dates of service) Edward L. Hitchens, Delmar, Md. None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION AUTOPSY NO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21f. HOW DID INJURY OCCUR? (Year) (Hour) 21e. INJURY OCCURRED Whila Not white at work at work 19.53 to 004 3/ 19.55 that I last saw the deceased 22. I hereby certify that I attended the deceased from..... 19. 13..., and that death occurred at 324.M, from the causes and on the date stated above. alive on Tex ADDRESS (Street, city, town, state) SURIAL CREMATIO DATE THEREOF NAME OF CEMETERY OR CREMATION LOCATION (City, town, or county) (Stata) REMODERL (SPECIFY) Burial 11-2-55 Olive Delmar, Delaware

25, FUNERAL DIRECTOR'S SIGNATURE

I DOCI I

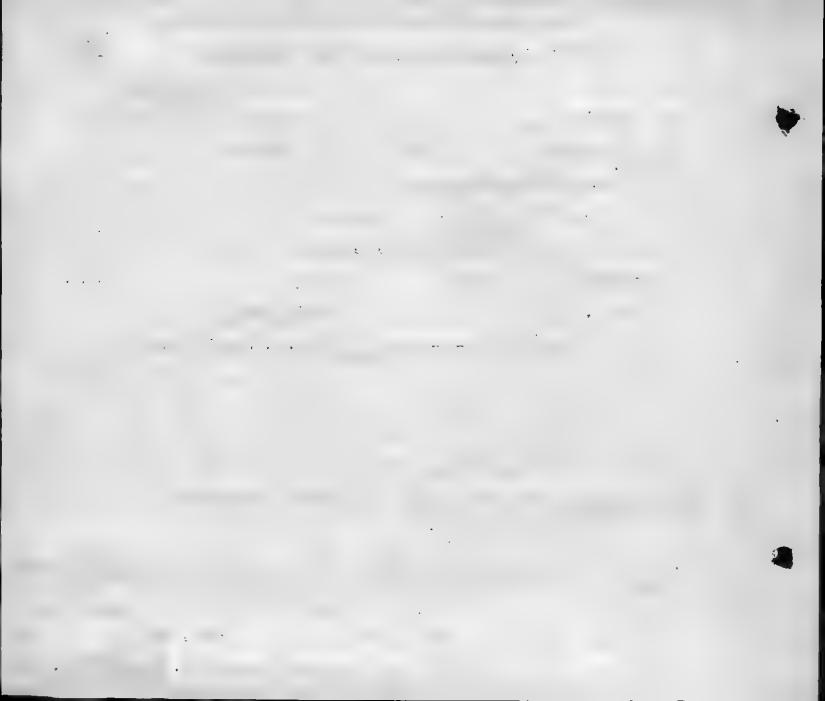
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10244 CERTIFICATE OF DEATH

10256

Reg. Dist. No. ....

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEASED   |
|--|---|
| COUNTY Wicomico MARYLAND   | STATE Maryland COUNTY Wicomico  |
|  | CITY (If outside corporete limits, write RURAL and give neerest town) OR                        |
| CITY (If outside corporate limits, write RURAL OR end give nearest town)  Calisbury  LENGTH OF STAY (in this place)  | TOWN Quantico   |
| HOSPITAL OR  | STREET (If rure) give location)   |
| STREET ADDRESS Peninsula General Hospital  | ADDRESS /   |
| 3. NAME OF (First) (Middle)  | (Last) 4. DATE (Month) (Day) (Year)   |
| (Type or Print)  | OF  |
| HURSCHISL THUMAS   | HOTILINS 10 14 19 33  |
| RACE WIDOWED DIVORCED.   | ATE OF BIRTH 9, AGE last birthday IF UNDER 1 YEAR 1/5 UNDER 24 HRS.  Months   Days Hours   Min. |
| Male White Specify Married Oct   | ,24,1907 47 yrs.  |
| 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?                         |
| relired Gas Station Attened  | Maryland U.S.A.   |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| William T. Hoo KINS  | Sadie Thomas  |
| WILLIAM T. HOOKINS   | O. 17. INFORMANT & ADDRESS  |
| [Yes, no, or unk.] (If Yes, give wer or dates of service) No Borne 185-10-2359   | Man II II Harland and   |
| No sone 1.85-10-2359   | CERTIFICATION INTERVAL SETWEEN  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)  | ONSET AND DEATH   |
| 420. IMMEDIATE CAUSE (A) WOULD   | Men Momboses 12 ho  |
| ANTECEDENT CAUSE(S) DUE TO   | and 12 · a  |
| DISEASES OR CONDITIONS, IF ANY, (B)  | 1 (Kleroschroses 9 yrs  |
| STATING UNDERLYING CAUSE LAST. DUE TO  |   |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |   |
| TO THE DEATH BUT NOT RELATED TO THE  | med (de regular Vachus, 1: 172  |
| DISEASE OR CONDITION CAUSING DEATH, 198, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION  | mest court out of the engineer of y   |
| 175, MAJOK FINDINGS OF OPERATION   | 20. AUTOPSY YES TO NO TO  |
| 21a. ACCIDENT WAS UNDERLYING   21b PLACE (Home, form, fectory,   | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)                                    |
| 21a. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER) | (asin)  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED   | 21f. HOW DID INJURY OCCUR?  |
| M. at work at work   | Date  |
| 22. I hereby restify that I stjended the deceased from.  | 12t , 19 41, to Col 14, 19 5 5 that I last saw the deceased                                     |
| 1 1 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |   |
| SIGNATURE  | ed at   |
| XXacl Delugar Mo.  | 1- 1 M. M. A. O. I.   |
| 23. BURIAL, CREMATION, DATE PRIEROF NAME OF CEMETER  | Y OR CREMATORY   NOGATION (City, IDWA, or country) (Cataly)                                     |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  10/16/55  NAME OF CEMETER  10/16/55  | y OR CREMATORY LOSA HORA (City, bwn, or county) (Sole)  |
| 24. REG/D BY REGISTRAR REGISTAR'S SIGNATURE  | outly raty tand   |
| M-to- In of off on   |   |
| DATE CO 18. 1953 Mary It Helloway  | The Hill & Johnson Co. Salisbury, Md.   |
|  | Norman T. Baker   |



NSTRUCTIONS

Cordner

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 10245 CERTIFICATE OF DEATH

10257

|      |     | <br>  | _ |   |
|------|-----|-------|---|---|
| ist. | No. | <br>3 | 3 | 7 |
|      |     |       |   |   |

Reg. D

| man a dictor                   |   |   |  |          |                      |              |                                       |                  |               |          |
|--------------------------------|---|---|--|----------|----------------------|--------------|---------------------------------------|------------------|---------------|----------|
| 1. PLACE OF                    | DEATH   |   |  |          | 2. USUAL RE          | BIDENCI      | E (HOME) OF                           | DECKASED         |               |          |
| COUNTY                         | Wicomi  | CO                                      | MARYLAND                               |          | STATE Mai            | ryland       | COUNT                                 | Wice             | omico         |          |
| CITY (If out:                  | sida corporata limita, win                      | ta RURAL                                | LENGTH OF STAY                         | Υ        | CITY (If outs        |              | limits, write RURAL                   | end give neerest | town)         |          |
| OR end gi                      | Sa.   | lisbury                                 | (in this place)                        |          | OR<br>TOWN           | Salis        | bury                                  |                  | ,             | -        |
| HOSPITAL OR                    | <u> </u>  |   |  |          | STREET               |              | (If rure)                             | giva location)   |               |          |
| STREET ADDRI                   |   | Gen Hosp                                | pital                                  |          | ADDRESS              | 1009         |                                       |                  |               |          |
| S. NAME OF                     | (First)   | (.                                      | Middle)                                |          | (Last)               |              | 4. DATE (M                            | onth) (l         | Day) (Y       | ear)     |
| (Type or Print)                |   | M WAI                                   | LLACE                                  | HO       | RSEY                 |              | DEATH                                 | Oct. 9           | th 19         | 55       |
| 5. SEX                         | 6. COLOR OR                                     | 7. SINGLE, MARRIE                       |  | DATE O   | F BIRTH              | 9.           | AGE lost builday                      | IF UNDER 1 Y     | EAR IF UNDE   | R 24 HRS |
| Male                           | White   | WIDOWED, DIV<br>(Specify) Mg            |  | an.      | 29,1895              |              | 60 уп                                 | . Months 1       | QA2 Hons      | Min.     |
| 100. USUAL OCCI                | JPATION (Give kind of                           |   | D OF BUSINESS                          | I        | 11. BIRTHPLACE (Stet | e or foreign | country)                              |                  | CITIZEN OF WI | TAH      |
| retired)                       | most of working life, ev<br>Salesman            |   | old items                              |          | Easton,              | Maryl        | and                                   | ^                | USA           |          |
| 3. FATHER'S NA                 | ME  |   |  |          | 14. MOTHER'S         | MAIDEN NA    | WE .                                  |                  |               |          |
| 161 m                          | er Horsey                                       |   |  |          | Enma 1               | utler        |                                       |                  |               |          |
|                                | ED EVER IN U. S. ARM                            | ED FORCES?   16.                        | SOCIAL SECURITY                        | NO.      | 17, INFORM           | ANT & ADD    | RESS                                  | 1122.0.          | 1000 70       | 122.1    |
| (Yas, no, or unk.)             | (If Yes, give wer or d                          | etes of service)                        |  |          | Mrs.                 | Mary         | W. Horsey                             | (Wile).          | rooa Lu       | 1111     |
|                                | 1   |   | 18. MEDICA                             | L CER    | TIFICATION           | - J C.       | * * * * * * * * * * * * * * * * * * * | A THE PARTY WILL | INTERVAL BE   |          |
| I DISEASES OR                  | CONDITIONS DIRECTLY                             | LEADING TO DEATH                        | 100.                                   | ma       | 11 - 1               | : D1         | 1 17-5-11                             |                  | ONSET AND     | DEATH    |
| 4221 m                         | MEDIATE CAUSE                                   | W CCR                                   | CHARY                                  | C C      | CHUSION              | 1, KT        | +1111.(                               | CKOHHKY          | 3MO5 1        | - 248    |
| *                              | ECEDENT CAUSE(S)                                | DUE TO                                  | lapario                                | ر منے سو | ,                    |              | H                                     | RTERIES          | 21            | 16.      |
| DISEASES OR CO                 | ONDITIONS, IF ANY,                              | (B)/                                    | HKC MID                                | C 31     | 3                    |              | 4                                     |                  |               | 7.2      |
|                                | YING CAUSE LAST.                                | DUE TO ADJ                              | . Dir S                                | chie     | =Dat 01              | PADA         | in longing                            | INP Del          | (>            | )        |
| II OTHER SIGNIFIC              | CANT CONDITIONS CO                              | (C) FILT                                | FKIC J                                 | C 141.   | ROLLON               | _ 14 NO      | 1C V/43C (7                           | 1712             |               | /        |
| TO THE DEATH                   | BUT NOT RELATED TO                              | THE                                     |  |          |                      |              |                                       |                  |               |          |
| 19a. DATE OF OP                | ERATION 1 191                                   | MAJOR FINDINGS                          | OF OPERATION                           |          |                      |              |                                       |                  | 20. AUTO      | PSY?     |
| DAIL OF OF                     |   | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |          |                      |              |                                       |                  |               | 0 🗌      |
| OR CONTRIBUTING                | VAS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER | OF INJURY street, o                     | , form, factory,<br>flice bidg., etc.) | 2        | 1c. WHERE DID INJUR  | Y OCCUR?     | (City or lown)                        | (County)         | (Sta          | (6)      |
| 21d. TIME OF INJU              | URY (Month) (Dey)                               | While                                   |  |          | 21f. HOW DID INJUR   | Y OCCUR?     |                                       |                  |               |          |
|                                |   | M } et wo                               |  | -/.      | - 7                  | 200          | h 0 4                                 | 6.               |               |          |
| 22. I hereby                   | certify that I a                                | ttended the decea                       | sed from                               |          | , 19.0.0, to         | Solid        | 1952                                  | ∴, that I la     | st saw the d  | ecease:  |
| alive on                       |   | 9. D. A., and                           | that death occur                       | rred at. | 5:20P.M, from        |              |                                       |                  |               |          |
| SIGNATU                        | IRE   | · (doul                                 | . ).                                   |          |                      |              | SS (Street, city, to                  |                  | DATE 2        | IGNE     |
| 1/4                            | luder of  | . Aludi                                 |  |          | l S. Divi:           | sion S       | t Salisbu                             | ry, Md.          | 0ct. /0       | 195      |
| 23. BURIAL, CREA<br>REMOVAL (S | MATION, DA'                                     | TE THEREOF                              | NAME OF CEMET                          |          |                      |              | OCATION (City, to                     | •                |               | (Stele)  |
|                                | urial 0   | ct.12,1955                              | Wicomic                                | o Me     | morial Par           | rk           | Salisbury                             |                  |               |          |
| 24, REC'D BY REC               | - 12  | ISTRAR'S SIGNATURE                      | 1                                      |          | 25. FUNERAL DIRI     |              |                                       |                  | DRESS         | 4 377    |
| 10 at 1                        | 11015 111                                       | 0011/1/2                                | - 10.                                  |          | HOLLOWAY             | r & CO       | MPANY                                 | SALISBUR         | Y MARY!       | AND      |



| MEDICAL EXAMINER'S CER  | RTIFICATE OF DEATH No. 332  |
|---|---|
| 1. PLACE OF OFATH:  | 2. USUAL RESIDENCE (HOME) OF DECBASED:  |
| COUNTY SCOTTLES MARYLAND  | STATE COUNTY SCIENCE  |
| OR and give nearest town)  CITY (If outside derporate limits, write RURAL LENGTH OF STAY OR and give nearest town)    | II OR   |
| 12 TOWN Jalestony Solary  | TOWN VICENTY, X-  |
| STREET ADDRESS ENGINEER COMMENTS THE  | STREET ADDRESS / Sural fural, give location Koute /   |
| 3. NAME OF DECEASED: (Type or Print) Sarah / Middle)  | (Last) 4. DATE (Month) (Day) (Year) OF DEATH / O 38 19 ( )  |
| 5. SEX:  6. COLOR OR RACE:  7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, Marking Color of Specify:                   | TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HR.  J. 6, 1886   Syrs.   Months   Days   Hours   Min. |
| 10a: USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Former of work life,         | DR 11. BIRTHPLACE State or foreign country): 12. CITIZEN OF WHA   |
| 18. FATHER'S MAME:  | 14. MOTHER'S MAIDEN NAME:   |
| Januel Dukes  | Live Muray  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)                 | Martha Buntin & Bush & Mis  |
|   | CAL CERTIFICATION PATTERVAL BETWEE  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  | ONSET AND DRATE   |
| Immediate cause   | Mary Lesson Land Land Harris  |
| Antecedent cause(s)   | presuis, ref.   |
| Diseases or conditions, if any, (b)   | y me we   |
| stating underlying cause last (c) Clerks - de   | cident  |
| 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. |   |
| 19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:  | 20. AUTOPSY?  |
| DATEDONAL CANCER WAS A ALL DI LOT OF ON   | Yes No  |
| PRIMARY For CONTRIBUTING OF Speed, office bldg etg.   | 9613 Sahoh Woraster Md  |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURKED While at work At work                                      | hd,   |
|   | ibed above, held an Autopsy [], Inspection [, Inquiry [, an   |
| signature Natural causes   , Acci   | ident 🖟, Suicide 🗌 , Homicide 🔲 , Undetermined cause 🖂 CHIEF MEDICAL EXAMINER 🗍 DATE SIGNED                           |
| 1/ Carlonus   | M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE  | RY OR CREMATORY LOCATION (City, town, or couply) (Sinte)  |
| REMOVAL (Specify): / 10/30/57- Clad o   | tellows I Bish potalike, That   |
| DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE   | 24 FUNERAL DIRECTOR ADDRESS   |
| Mary W. John War  | Home N. Waller Toron ki Gt. My  |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of incormation carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN REMERVED FOR BINDING



10247

## CERTIFICATE OF DEATH

Reg. Diet. No. 332

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (HOME) OF DECEASED  |
|---|--|
| COUNTY IA) ic Domise D  | STATE Marylantounty Wicomico   |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)   | CITY (If outside corporet) limits, write RURAL and give neerest town) OR   |
| 12 TOWN Salisbung   | TOWN Soulisbury X  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS P   | STREET (If rurel to location)  |
| 3. NAME OF (First) (Middle)   | Heat West (Month) (Dey) (Yeer)   |
| (Type or Print)   | of the state of th |
| 5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   B. DATE C  | 00 00 27-19  |
| Male Colored (Specify)  | yrs. Months Deys Hours Min.  |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OV WHAT COUNTRY?  |
| retired)  | W.S.A  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I 16' SOCIAL SECURITY NO.  | mary Lee Wilson  |
| (Yes, no, or unk.) (If Yes, give war or dates of service)   | 17! INFORMANT & XDDRESS  |
| 18. MEDICAL CERTIFICATION ACKNOWN TO A CONTROLLED   |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |  |
| ANTECEDENT CALIFERS DUE TO  |  |
| DISEASES OR CONDITIONS, IF ANY, (B)   | t  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO  | 8  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |  |
| 190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?   |
| 21a ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory,  | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)   |
| OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bidg., etc.)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white A work at work   | 21f. HOW DID INJURY OCCUR?   |
|   |  |
| 22. I hereby certify that I attended the deceased from 10/29, 19.55, to 10/29, 19.55, that I last saw the deceased alive on 10/29, 19.55, and that death occurred at 9.44M, from the causes and on the date stated above. |  |
| SIGNATURE  ADDRESS (Street, city, town, stete)  DATE SIGNED   |  |
| William C. Morganno   | Labory Md 10/29/55   |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR   | CREMATORY LOCATION (City, town, or county) (State)   |
| 24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE  | 25- FUNERAL DIRECTOR'S SIGNATURE   |
| 11-21-62- 711011111 7/2010  | 25. FUNERAL DIRECTOR'S SIGNATURE   |
| DATE ( ) 1 ) YHUNG IN HOLLMOUS  | VERMINIA BENELLE I TEPILAL   |



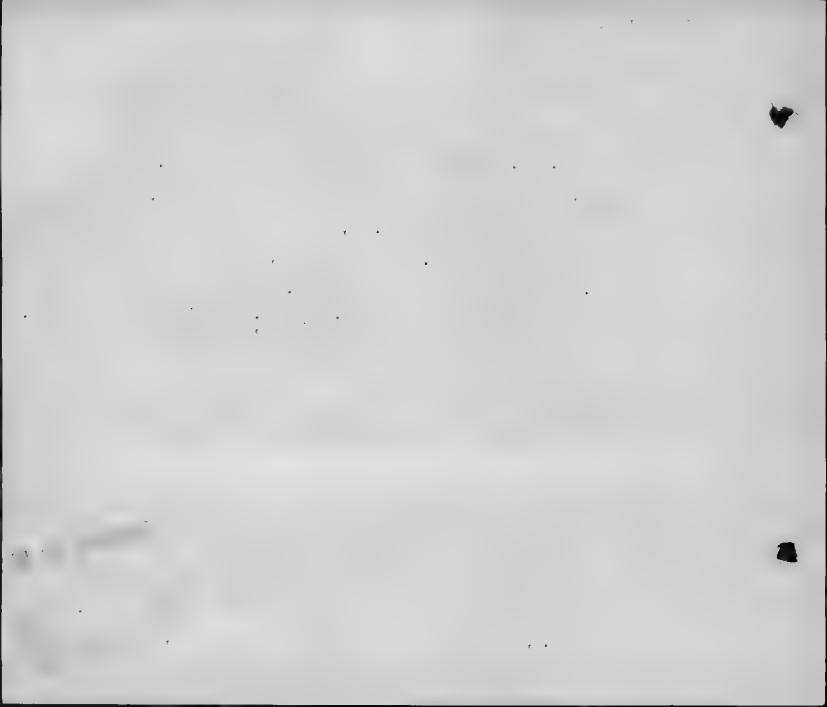
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10260 Reg. Msg.

#### MARTEAND STATE DEFARITION OF HEALTH-DAILINGE, 18

MEDICAL EXAMINER'S DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. The and legibly. icom STATE CALL FORWING COUNTY SAN DIE Q D COUNTY MARYLAND CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town (in this place) TOWN SAN DICAD Land of the HOSPITAL OR JUSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 4 557 WESTTAIMAdae DALUR of information of death clearly (Middle) (Last) 8. NAME OF (First) (Month) (Year) DECEASED: Donald 10 (Type or Print) DEATH 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX: 6. COLOR OR RACE: Monthel Days llours 5-17-21 (Specify): ALARA (CL 12. CITIZEN OF WHAT IOB. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): ] INDUSTRY: work done during most of work life, COUNTRY? even if retired) : Pulor - USAJ U.S. NAU CALIFORINIA U.S.A 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Charles B. JACKSON MUNKNOWN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Supply e (Yes, no, or unk.) (If Yes, give war or dates of W.S. NAUY OFFICIAL RECORDS service) -4-43 TOOMTE 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Ke Se Iea Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) ...... giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ILY, WITH important. DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No FT 21a. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY (County) (State) PLAINI pecially (Hour) | 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) While at Not while work F at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [5], Inquiry [5], and 田影 find that death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined cause [ RIT] CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER W ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION. DATE THEREOE. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) : DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE







10 X

certificate

death

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09260

10249 CERTIFICATE OF DEATH Dr. Gilmore Reg. Dist. No. .... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico STATE Maryland Wicomico COUNTY COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY CITY (II outside corporate limits, write RURA, and give nearest town) and give neerest town) Salisbury OR TOWN (in this place) TOWN Salisbury HOSPITAL OR STREET (Il rural give location) INSTITUTION OR ADDRESS Pen. Gen. Hospital STREET ADDRESS North Davision St. (Middle) 4. DATE (Month) 3. NAME OF (Lest) (Year) DECEASED WALTER WOOLFORD JONES DEATH (Type or Print) Oct. nd COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH AGE lest birthday IF UNDER T YEAR HE UNDER 24 HRS WIDOWED, DIVORCED. Months Hours Male (Specily) Married 62 Jan. 14, 1893 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) 10e. USUAL OCCUPATION (Give kind of work 12. C TIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Kingston. Maryland USA Retired - Postal Clerk U.S. Post Office 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Jones Carrie L. Farlow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. Mrs. Maddia B. Jones (Wife) 902 S. Div. (Yes, no, or unk.) (If Yas, give wer or detes of service) St. Salisbury, Maryland INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES HO 214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE thome, farm, lactory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OF INJURY street, affice bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work 22. I hereby certify that I attended the deceased from SIGNATURE ADDRESS (Street, city, town, stele) DATE SIGNED Salisbury, Maryland Oct M.D. Camden Ave. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) REMOVAL (SPECIFY) Buri Oct. 4, 1955 Parsons Cometery Saliabury Maryland 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE SALISBURY MARYLAND HOLLOWAY & COMPANY

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10250 CERTIFICATE OF DEATH

10263

Peg. Dist. No.

| I. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (HOME) OF DECEAS   | SED                                    |
|--|---|---|--|
| COUNTY Wicomico  | MARYLAND  | STATE Maryland COUNTY Ann   | e Arundel                              |
| CITY (If outside corporete limits, write RURAL OR end give nearest town)  12 TOWN Salisbury  | LENGTH OF STAY (In this plece)  1 month         | CITY (If outside corporete limits, write RURAL end give r   |  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Stat   | ce Hospital                                     | STREET (If rurel give localion ADDRESS Forrest Avenue   | n) V                                   |
| 3. NAME OF (First) (Type or Print) Joseph  | (Middle)  | (Lest) 4. DATE (Month) Chlem Oct.   | (Dey) (Yeer)<br>3 19 55                |
|  | DIVORCED,                                       | OF BIRTH         9. AGE lest birthdey         IF UNIT           0/1893         62         yrs.         Months | DER 1 YEAR IF UNDER 24 HRS. Hours Min. |
| done during most of working life, even if retired Unknown  | KIND OF BUSINESS OR INDUSTRY                    | 11. BirthPLACE (State or foreign country) Chicago, Illinois   | 12. CITIZEN OF WHAT COUNTRY?           |
| Oscar Khlem  |   | 14. MOTHER'S MAIDEN NAME Unknown  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unk.) (If Yes, give wer or detes of service)                                | 16. SOCIAL SECURITY NO.                         | 17. INFORMANT & ADDRESS Hospital Records  |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA   | 18. MEDICAL CER                                 | RTIFICATION   | INTERVAL BETWEEN ONSET AND DEATH       |
| 163X IMMEDIATE CAUSE (A)   | Cerebral emb                                    | olism   | 30 min.                                |
| ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | Ca. of the r                                    | ight lung   | 12 months ?                            |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.                 | Status post pne                                 | umonectomy  | 21 months                              |
| 190. DATE OF OPERATION 196. MAJOR FINDING  | GS OF OPERATION                                 |   | 2D. AUTOPSY?                           |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY SITES   | lome, ferm, fectory,<br>et, office bldg., etc.) | Zic, WHERE DID INJURY OCCUR? (City or town) (Ci   | ounly) (Stete)                         |
| 1  | Nhile Not while the work at work                | 21f. HOW DID INJURY OCCUR?  |  |
|  |   | ), 19 .55, to . Oct 3, 1955, that   |  |
| alive on Octo 2 19.55  |   | 25:50A.M, from the causes and on the date state of the state Hospital (1):50ury. Maryland                     | 10/3/55                                |
| 23. BURIAL, CREMATION, DATE THEREOF JULI LULY  | NAME OF CEMETERY OR                             | CREMATORY LOCATION (City, 10wn, or cou  | Ohis (State)                           |
| DATE CET. 10 1 9 VI Mary 201   | Halloways                                       | 25. EUNERAL DIRECTOR'S SIGNATURE THE HILLY JOHNSON CO.  | SALISBUR V Md                          |
|  |   | Brance C. 7 Li  | 1:                                     |





10252

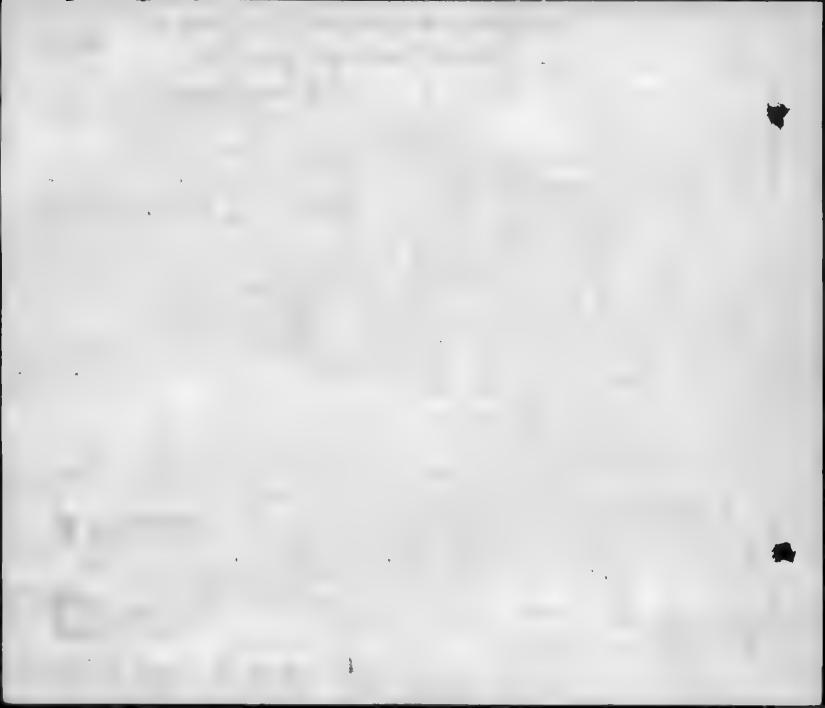
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

10266

Reg. Dist. No.

| 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME)  |                                      |              |                               | ICE (HOME) OF DECEAS               | ED                           |
|--|--------------------------------------|--------------|-------------------------------|------------------------------------|------------------------------|
| COUNTY Wicomico  | MARYLA                               | ND           | STATE Maryla                  | nd county Do                       | rchester                     |
| CITY (If outside corporate limits, write RURAL   | LENGTH OF                            |              |                               | orate limits, write RURAL and give | noerest town)                |
| OR and cive nagrest lown) /2 TOWN Salisbury  | Since 1                              | 5/20/5\$     | TOWN Cambri                   | dge                                | 12                           |
| /  | to Mocnital                          |              | STREET                        | (If rural give location            | on)                          |
| HOSPITAL OR Pine Bluff Sta   | ace noshrear                         |              | ADDRESS                       | tank Ave.                          | /                            |
| STREET ADDRESS Salisbury, Ma   | (Widgle)                             |              | (lesi)                        | 4. DATE (Month)                    | (Dey) (Yeer)                 |
| DECEASED   | (Madala)                             |              |                               | OF                                 |                              |
| (Type or Print) Jacob  |                                      |              | Levy                          | DEATH Oct.                         | 29 19 55                     |
| 3/5-5   1/8468   WIDO  | E, MARRIED,<br>WED, DIVORCED,        | 8. DATE OF   |                               | Month                              | DER 1 YEAR IF UNDER 24 HRS.  |
| Spaci (Spaci   | Married                              | Septem       | ber 15, 1880                  | 75 yn.   "I"                       | 111                          |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if                           | 106, KIND OF BUSINESS<br>OR INDUSTRY |              | I. BIRTHPLACE (Stata or fores | gn country)                        | 12. CITIZEN OF WHAT COUNTRY? |
| retired Merchant   | OK WOOSIKI                           |              | Austria                       |                                    | USA                          |
| 13. FATHER'S NAME  |                                      |              | 14. MOTHER'S MAIDEN           | NAME                               |                              |
| Abraham Levy   |                                      |              | Annie Fau                     | gothner                            |                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   | 16. SOCIAL SECUI                     | RITY NO.     | 17. INFORMANT & /             | 9                                  |                              |
| (Yes, no, or unk.) (If Yes, give war or dates of service)  |                                      |              |                               | when admitted t                    | o Hospital                   |
| UIIK   |                                      |              | IFICATION                     | when admits sed t                  | INTERVAL BETWEEN             |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO   | DEATH                                |              |                               |                                    | ONSET AND DEATH              |
| OO 2X IMMEDIATE CAUSE (A)  | Pulmonary !                          | Tubercu      | losis                         |                                    | 1 yr. 10 mo.                 |
| ANTECEDENT CAUSE(S) DUE TO   |                                      |              |                               |                                    |                              |
| DISEASES OR CONDITIONS, IF ANY, (B)  |                                      |              |                               |                                    |                              |
| GIVING RISE TO THE ABOVE CAUSE DUE TO  |                                      |              |                               |                                    |                              |
| (C)  |                                      |              |                               |                                    |                              |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE                             |                                      |              |                               |                                    |                              |
| DISFASE OR CONDITION CAUSING DEATH   |                                      |              |                               |                                    |                              |
| 19a, DATE OF OPERATION 19b. MAJOR F  | INDINGS OF OPERATION                 |              |                               |                                    | 20. AUTOPSY? YES NO T        |
| 21a ACCIDENT WAS JINDERLYING TO \$ 21b PLA   | CE (Home, farm, fectory,             | 1 21/        | WHERE DID INJURY OCCU         | P.7 (City or town) (C              | ounty) (State)               |
| 21a. ACCIDENT WAS UNDERLYING 1 21b PLA OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Y streat, office bldg., atc.)        | 210          | WHICKE DID HAJDRE OCCO        | (City of Town)                     | Cumy, (State)                |
| 218. TIME OF INJURY (Month) (Day) (Year) (Hou  | rij 21e. INJURY OCCUR<br>While Not   |              | f. HOW DID INJURY OCCU        | R?                                 |                              |
| M  | l. at work at we                     |              |                               |                                    |                              |
| 22. I hereby certify that I attended th  | e deceased from O                    | ct. 20       | 19 55 to Oc                   | t. 29 19 55 that                   | I last saw the deceased      |
| alive on Oct. 29 , 19.55   | and that death o                     | coursed at 7 | :15p M. from the c            | auses and on the date sta          | ated above                   |
| SIGNATURE // SI  | // 2                                 |              |                               | RESS (Street, city, town, state)   | DATE SIGNED                  |
| STOP 111   | 2.18                                 | , M.D.       | Salisbury,                    | Maryland                           | 10/29/55                     |
| 23. BURIAL, CREMATION, DATE THEREOF  | NAME OF CE                           | METERY OR C  |                               | LOCATION (City, fown, or cou       | nty] (State)                 |
| DEMOVAL (SPECIFY)  | 193+ BA                              | -LTO. 1      | HEBREW                        | BALTO.                             | a Mn                         |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIG   | , y                                  |              | 5. FUNERAL DIRECTOR'S         |                                    | ADDRESS 00                   |
| m  | M 2 00                               |              | LACK Town                     | Me 2100 6                          | ortain I know                |
| DATE PILATY  | 1. Howarva                           | 40           | THE RESIDENCE                 | 190 A100 CZ                        | www.                         |



# CERTIFICATE OF DEATH

10267

10286

Reg. Dist. No. ....

| L PLACE OF DEATH   | 2. USUAL RESIDENCE (HOME) OF DECEASED  |
|--|--|
| COUNTY Witnesier MARYLAND  | Ma   |
| COUNTY Water Comments of City (If outside corporete limits, write RURAL LENGTH OF STAY                   | STATE / COUNTY \ C 6 M 1 C 6  CITY (If outside corporate limits, write RURAL and give neerest town)  |
| OR and give gerest town) (In this piece)   | OR   |
| V IZE AC US  | TOWN WILLARDS X  |
| HOSPITAL OR INSTITUTION OR   | STREET (If rural give location) ADDRESS  |
| STREET ADDRESS   | VDDKE33  |
| 3. NAME OF (First) (Middle)  | (Lest) 4. DATE (Month) (Dey) (Year)  |
| (Type of Print)  | OF C   |
| TAYPION D CALYTA LE  | 2 (4 / 3   |
| RACE WIDOWED DIVORCED.   | The state of the s |
| MI (SOPCOT) ARRIED APR   | 12 15, 1907 4-8 yes. Months Doys Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY           | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT  |
| MACHINIST HISLAGE SHIRT FACTOR   | WILLARDS MID COUNTRY?  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| Equate   Excles  | 11 -   |
| ERNEST LEWIS   | 1/TNNA CHZABETH IRUITT   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unit.) (If Yes, give war or detas of service) | 17. INFORMANT & ADDRESS  |
| I. No No   | MRS. R.C. LEWIS, WILLARD MI  |
| 18. MEDICAL CEN  | ITIFICATION INTERVAL BETWEEN   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | ONSET AND DEATH  |
| 4 a Lo F EMMEDIATE CAUSE (A) Chrone m  | greatetite 3 years   |
| ANTECEDENT CAUSE(S) DUE TO   |  |
| DISEASES OR CONDITIONS, IF ANY, (B)  |  |
| GIVING RISE TO THE ABOVE CAUSE<br>STATING UNDERLYING CAUSE LAST. DUE TO                                  |  |
| (C)  |  |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE                         |  |
| DISEASE OR CONDITION CAUSING DEATH.  |  |
| 194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?   |
| The ACCIDENT WAS UNINCOLVENCE CT   AND DIACE (II)  | YES NO [2]   |
| I OR CONTRIBUTING ☐ CAUSE OF DEATH   OF INJURY strast, office bldg., atc.)                               | 2 Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)  |
| (IF EITHER, NOTIFY MEDICAL CAMINER)  21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED  | Off Many State Sta |
| While Not while  | 21f. HOW DID INJURY OCCUR?   |
| M. at workat work  |  |
| 22. I hereby certify that I attended the deceased from.  | 19.55 to 10 - 2 5 , 19.55 , that I last saw the deceased   |
| alive on 10 - 28 19.5.5 and that death occurred at   | M. from the causes and on the date stated above.   |
| mestroll //  | APDRESS (Speet, city, town, state) . DATE SIGNED   |
| Transfiction of  | Willacks merul 1 1/21-53   |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR  | CREMATORY LOCATION (City frown, or county) (State)   |
| REMOVAL (SPECIFY)  | 1  |
|  | WILLARDS 11D   |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   |
| DATE Mary St. Halloway   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|  | 11 VVVVII OF 1 / COLLAN THE NEW III  |

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1813P 16.23 35

10-28 55

Willarda Marghard 11-1-55

### CERTIFICATE OF DEATH 10253

Reg. Dist. No. . .....

| 1. PLACE OF DEATH  |  | 2. UBUAL P         | SIDENCE (HOME) OF                 | FCEASED  |                                       |
|--|--|--------------------|-----------------------------------|--|---------------------------------------|
|  |  |                    |                                   |  |                                       |
|  | YLAND  | STATE MA           |                                   | Wicomico   |                                       |
| CITY (If outside corporate limits, write RURAL LENGTH  | H OF STAY  | CITY (# out:       | ide corporate limits, write RURAL | end give nearest town]   |                                       |
| 12 TOWN Salisbury 1  | Mon.   | TOWN               | Salisbury                         |  | 10.                                   |
| HOSPITAL OR  | PIORIA   | STREET             |                                   | ive location)  | 1 862                                 |
| INSTITUTION OR   |  | ADDRESS            | (it turns y                       | ive socetion)  | 1                                     |
| 9 STREET ADDRESS Sp. Hill Pr. San.   |  | 30                 | 12 Riverside Dr                   |  |                                       |
| 3. NAME OF (First) (Middle)  |  | (Last)             | 4. DATE (Me                       | onth) (Day)  | (Yaar)                                |
| (Type or Print) CADAIT   | 24 -   |                    | DEATH .                           |  |                                       |
| 5. SEX   6. COLOR OR   7. SINGLE, MARRIED.   | 8. DATE OF   | STATE DATE         |                                   | 0 12   | 19 55                                 |
| RACE WIDOWED, DIVORCED   | S. DAIL OF   | вкин               | 9. AGE last birthday              |  | DER 24 HRS.                           |
| Female White Specify Wildowed  | Jan.5.1  | RRI.               | 77 yrs.                           |  | A A A A A A A A A A A A A A A A A A A |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSI   | INESS 7 1  | J. BIRTHPLACE (Sta | a or foreign country)             | 12. CITIZEN OF   | WHAT                                  |
| done during most of working life, even If OR INDUSTRY  |  |                    |                                   | COUNTRY?   |                                       |
| retired House Wife Own Home  |  | Marylar            |                                   | U.S.A.   |                                       |
| 13. FATHER'S NAME  |  | 14. MOTHER'S       | MAIDEN NAME                       |  |                                       |
| George Lewis   |  | Callia             | Darma                             |  |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  | SECURITY NO.   | 17, INFORM         | Rayne<br>ANT & ADDRESS            |  |                                       |
| (Yes, no, or unk.) (if Yes, give war or dates of service)  |  |                    |                                   |  |                                       |
| No No No   | lone   | Levi               | s J. McBriaty,                    | Salisburg. Mo  | d                                     |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | MEDICAL CERT   | IFICATION          |                                   | INTERVAL   | BETWEEN                               |
|  | 0 0  |                    | 0 1                               | ONSET A  | ND DEATH                              |
| 442X IMMEDIATE CAUSE (A) SORA  | man  | 1/2000             | ~ ps                              | 1/4  | /.                                    |
| ANTECEDENT CAUSE(S) DUE TO   | . 1  | 1. 1.              |                                   | 11-  |                                       |
| DISEASES OR CONDITIONS, IF ANY, (B)  | u siler  | JUL K              | The line we                       | . De   | ~~·                                   |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO   | 1  | Λ                  | (10                               |  |                                       |
| STATING UNDERLYING CAUSE LAST.   | no barr  | mlo As             | and dans                          | - V  |                                       |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   | - drawled - draw |                    |                                   |  |                                       |
| TO THE DEATH BUT NOT RELATED TO THE  |  |                    |                                   |  |                                       |
| D SEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA   | TION!  |                    |                                   |  |                                       |
| 176. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA  | HON  |                    |                                   | 20. AU   |                                       |
| 21a. ACCIDENT WAS UNDERLYING [ ] 21b. PLACE (Home, farm, fa  | rteru 21   | WHERE NO SALE      | Y OCCUR? (City or town)           |  | NO [                                  |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.  | , etc.)  | WHERE DID INDUI    | T OCCUR! (City of fown)           | (County) (   | State]                                |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |                    |                                   |  |                                       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY O White  | Not while 2:   | II. HOW DID INJUR  | Y OCCUR?                          |  |                                       |
| M. at work   | et work  |                    |                                   |  |                                       |
| 22. I hereby certify that/I attended the deceased from   | 10/11/   | 6 10               | - 40                              |  |                                       |
| h  | t erkendskeferederlefen)   | 3                  | , 19                              | , that I last saw the  | deceased                              |
| all ve Oil   | th occurred at.  | 51-012-D.M. from   | n the causes and on the           |  |                                       |
| SIGNATURE  |  | 1                  | ADDRESS (Street, city, to         | wn, stele) DATE  | SIGNED                                |
|  | M. D.  |                    |                                   |  |                                       |
| 23. BURIAL, CREMATION, DATE THEREOF NAME   | OF CEMETERY OR C   | REMATORY           | LOCATION (City, to                | vn, or county)   | (Stata)                               |
| REMOVAL (SPECIFY)  |  |                    | 1.00                              |  | 14.4                                  |
| Burial 10/14/55 Parec  | ons Cemete   | ) Ty               | Salisbury                         | Maryland   |                                       |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   |  | 25. FUNERAL DIR    | CTOR'S SIGNATURE                  | ADDRESS  |                                       |
| DATE Mary M. Dalla   | wey ,  | The 11477 4        | Johnson Co. S                     | aliebuww Md  |                                       |
| The state of the s | 1000   | He util s          | A 1 470                           |  |                                       |
| V  |  | YL                 | Frman T, 6x                       | alors  |                                       |
|  |  |                    |                                   | The state of the s |                                       |

TO FINETIES IN SECURE The Two requires that the Teath certificate be filled with remifical has been executed by the attending physicial and campletely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be reliined by the liospital on attenting physician. ATTITUTE PASSICIAN OR HOSPITAL

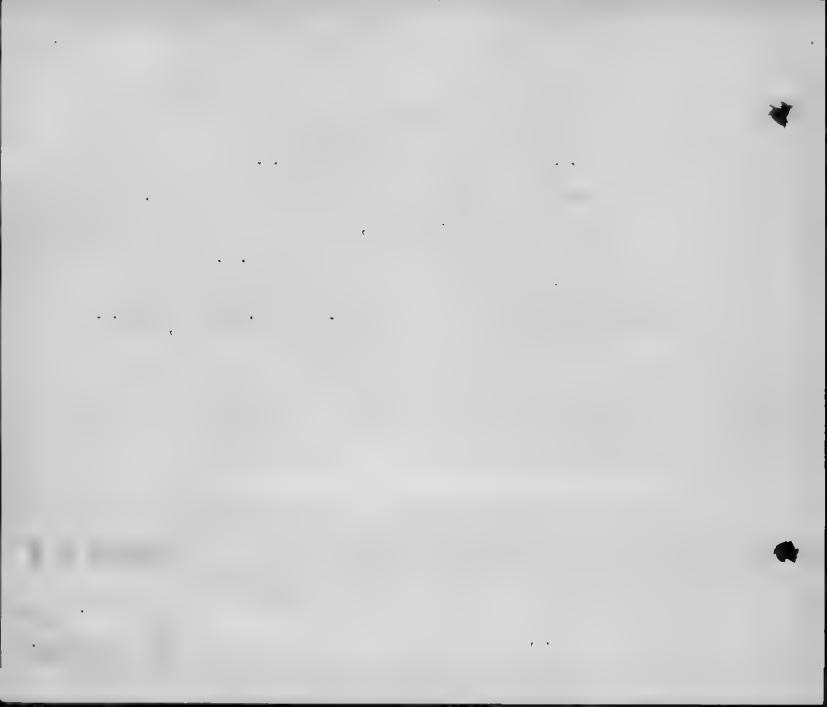


# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| - Keet                          |   | HEALTH—BALTIMURE, 18 Reg. DEC.  |
|---------------------------------|---|---|
| 5                               | MEDICAL EXAMINER'S CER  | TIFICATE OF DEATH No. 334   |
| The (y.                         | I. PLACE OF DEATH:  | 2. USUAL RESIDENCE (HOME) OF DECEASED:  |
| E.Y.                            | COUNTY WICOMICO MARYLAND  | STATE Maryland COUNTY Wicomico  |
| fully<br>legil                  | CITY (If outside corporate limits, write RURAL OR and give nearest town)  Salisbury  LENGTH OF STAY (in this place)               | OR CITY (If outside corporate limits write RURAL and give nearest town) OR Salisbury  |
| r care                          | HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1 (Shad Point)   | STRUET ADDRESS R.D. # 1 (If rurai, give location) (Shad Point)  |
| of death clearly and legibly. T | S. NAME OF (First) (Middle) DECEASED: (Type or Print) ROBERT HOWARD   | (Last)  4. DATE (Month) (Day) (Year)  OF DEATH Oct. 30 th 19 55   |
| informeath                      | 5. SEX: Male  6. COLOR OR RACE: White  7. SINGLE. MARRIED, WIDOWED, DIVORCED, (Specify): Married  May 1                           | E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.  |
| every item of<br>he causes of d | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, INDUSTRY:                         | R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA   |
| / it                            | 13. FATHER'S NAME:  | 14. MOTHER'S MAIDEN NAME:   |
| 2 2                             | Jefferson Davis McCorkle  | Sarah Elizabeth Alexander   |
| Supply eve<br>write the         | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service Nevy WW II                   | Mrs. Visula K. McCorkle(Wife) R.D. # 1 (Shed Point) Soliebury Meryland  |
| INK.                            | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Immediate cause   (a)   | AL CERTIFICATION  INTERVAL BETWEEN OFFET ON DEATH   |
| UNFADING<br>Physicians:         | Antecedent cause(s)  Diseases or conditions, if any, (b) giving rise to the above cause DUE TO  stating underlying cause last (c) |   |
| t. Phy                          | TI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.             |   |
| WIT                             | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  | 20. AUTOPSY? Yes 🔲 No 🏋   |
| AINLY, WITH                     | 21a. EXTERNAL CAUSE WAS   TRIMARY   | es l  |
| LAIN                            | 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while INJURY M. work at work                              | 21t. HOW DID INJURY OCCUR?  |
| WRITE PLAI<br>ge is especiall   | 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Acci                 | bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause .  CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM |
| E CO                            | REMOVAL (Specify): Burial Nov. 2, 1955 Shad Point (   | RY OR CREMATORY LOCATION (City, town, or county) (State)  Cometery Shad Point (Near Salisbury Md.)  24. FUNERAL DIRECTOR ADDRESS  |
| PLEA                            | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   | HOLLOWAY & COMPANY SALISBURY MARYLAND   |

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



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physician

e attending professional

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director,

copy

# CERTIFICATE OF DEATH

10270

10254 Reg. Dist. No. ..... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wiennico COUNTY SOMETHING COUNTY MARYLAND (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give naarest town) OR TOWN (in this place) Marion / TOWN HOSPITAL OR STREET (Il rural give location) INSTITUTION OR STREET ADDRESS Doer's Wend State Hospital **ADDRESS** 3. NAME OF (First) (Middla) 4. DATE (Manth) (Day) Sadie Meredith Liee Oct. (Type or Print) DEATH 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE fest birthday IF UNDER 1 YEAR IF UNDER 74 HRS RACE WIDOWED, DIVORCED. Months (Specify) TI 301 Yrs. 106. KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Stale or foreign country) CITIZEN OF WHAT dona during most of working life, even if relired) Handson Working COUNTRY? Cairmount, Maryland He reework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Hurley Manie Ford 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yas, no, or unk.) (If Yas, give wer or detas of service) Hospitel records Umli. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 4-20. D Coronary thrombosis 70 mi. DUE TO ANTECEDENT CAUSE(S) Arteriosclerotic heart disease 2 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2D AUTOPSY? NO K 21a. ACCIDENT WAS UNDERLYING [ 21b PLACE (Homa, farm, factory, ZIc. WHERE DID INJURY OCCUR? (City or fown) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Year) 2H. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED Not while at work at work 22. I hereby certify that I attended the deceased from May 15 ..., 19.52 ..., to Oct. 13 ..., 19.55 ..., that I last saw the deceased alive on ... Oct. SIGNATURE ADDRESS (Straet, city, town, steta) gris Hand LOCATION (City, town, or county) 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Oct.15,1955 Fairmount Cemetery Burial Fairmount, Md. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS/

with requires that the death physician. death The law requires that the be retained by the hospital A DIRECTOR: жы Хоо≡ TO FUNERAL

certificate assembl 10M certificate death

S.V UAT TOO

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| ect   | MARYLAND STATE DEPARTMENT OF   | HEALTH—BALTIMORE, 18   | Reg. Dist.                       |
|---|--|--|----------------------------------|
| COL   | MEDICAL EXAMINER'S CER   |  | No. 332                          |
| je (  | 1. PLACE OF DEATH:   | 2. USUAL RESIDENCE (HOME) OF DECEASED:                                       |                                  |
| E F   | COUNTY Wicomico MARYLAND   | STATE Maryland COUNTY  | /icomico                         |
| fully.<br>legit   | CITY (If outside corporate limits, write RURAL OR and give nearest town)  Salisbury  LENGTH OF STAY (in this place)  | CITY (If outside corporate limits write RURAL and OR TOWN Salisbury          | d give nearest town)             |
| Supply every item of information carefully. The correctivite the causes of death clearly and legibly. | HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital   | STREET (If rural, give location) ADDRESS 518 Commerce St.                    | 1                                |
| ion   | 3. NAME OF (First) (Middle)  | (Last) 4. DATE (Month) (Day  | y) (Year)                        |
| nat   | DECEASED: (Type or Print) Mary Alice Meyers  | OF   | 1955                             |
| ntor  | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT RACE: WIDOWED, DIVORCED.  | E OF BIRTH: 9. AGE last birthday: IF UNDER I                                 |                                  |
| of de   | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O  | DR 11. BIRTHPLACE (State or foreign country): 12                             | COUNTRY!                         |
| ter   | even if retired): at home at home  | Maryland     14. MOTHER'S MAIDEN NAME:                                       | USA                              |
| A.  |  |  |                                  |
| e c   | Marion Disheroon  16. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.:   | Maggie Parsons 17. INFORMANT & ADDRESS:                                      |                                  |
| th<br>th  | (1es, no, or unk.) (11 les, give war or dates of   |  | 0-14-5                           |
| pp  | 1/0 1 1/0 1  | John E. Meyers, 518 Commerce St.   | ballspury,                       |
|   | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   | CAL CERTIFICATION  | INTERVAL BETWEEN ONSET AND DEATH |
| ples  | Immediate cause (a) DUE TO   | 20:0-  |                                  |
| IN.   | Antecedent cause(s)  Diseases or conditions, if any, (b)   | estimate .   | X                                |
| UNFADING INK.<br>Physicians: please   | giving rise to the above cause DUE TO stating underlying cause last (c)  |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |  |                                  |
| LY, WITH<br>important.  | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:   |  | 20. AUTOPSY?                     |
| , <u>P</u>  | 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.   | y, 21c. (City or town) (County)  | (State)                          |
| WRITE PLAINLY ge is especially im   | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐   | 21f. HOW DID INJURY OCCUR?   |                                  |
| Pl  | 22. I hereby certify that I took charge of the remains descri  | ibed above, held an Autopsy 🗌 , Inspection 🕞                                 | , Inquiry , and                  |
| TE  | find that eath resulted from: Natural causes - Acci  | dent [], Suicide [], Homicide [], Undete                                     |                                  |
| WRI<br>ge is  | SIGNATURE EN L   | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED                      |
|   | DEMOVAT (Specifical and a second seco | RY OR CREMATORY LOCATION (City, town, or or CEMELER4 SALISBURY, N            | ounty) (State) MAKYLANS          |
| PLEA.SE   | DATE RECID BY LOCAL REGISTRAT'S SIGNATURE.   | 24. FENERAL DIRECTOR Walker  | ADDRESS                          |
|   | The state of the s | 1.1.1.   | nt                               |
|   |  | xalesung, 1  | , –,                             |



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RSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10256

## CERTIFICATE OF DEATH

10272

|  |                               |                          |                   |                 |                      |                  | R                                     | eg. Dis      | t. No.    |          |                |
|--|-------------------------------|--------------------------|-------------------|-----------------|----------------------|------------------|---------------------------------------|--------------|-----------|----------|----------------|
| 1. PLACE OF  | DEATH                         |                          |                   |                 | 2. USUAL RI          | ESIDENCE         | (HOME) OF D                           | ECEASE       | D         |          |                |
| COUNTY   | Wicomico                      |                          | MARYL             | AND             | STATE ME             | ryland           | COUNTY                                | Wic          | omice     | 2        |                |
| CITY (It outsides on one of the outsides of the outsides on one of the outsides on one of the outsides of t | la corporate limits, write RU | IRAL                     | LENGTH O          |                 | CiTY (If outs        | side corporate   | limits, write RURAL                   | end give ne  | nwot ken  |          |                |
| TOWN   | Salisbury                     |                          | 2 Wee             |                 | TOWN                 | West             | Ocean Ci                              | de ser       |           | 2-       | ri .           |
| HOSPITAL OR  |                               |                          | 1 0 00            | 7450            | STREET               | n os v           |                                       | va location) |           | 394      |                |
| STREET ADDRES  |                               | la Camar                 | TT                |                 | ADDRE\$\$            |                  | _                                     |              |           |          | /              |
| 3. NAME OF   | S Peningu                     | TH Gener                 | (Middle)          | oltal.          | (Last)               |                  | Rural                                 | - 151        | 18-3      | - 100    |                |
| DECEASED   |                               |                          | (Mild the)        |                 | (CHST)               |                  | 4. DATE (Mo                           | ១៧រុ         | (Day)     | (1)      | mar)           |
| (Type or Print)  | Mealie                        |                          |                   |                 | tchell               |                  | DEATH                                 | 10 -         | 16        | ··· 19   | 55             |
| 5. SEX   | 6. COLOR OR 7.                | SINGLE, MARR             | NORCED            | 8. DATE C       | OF BIRTH             | 9.               | AGE lest birthdey                     | IF UNDER     |           | IF UNDE  |                |
| Female   | A.A.                          | WIDOWED, DI              | idow              |                 | 1891                 |                  | 64 yrs.                               | Months       | Days      | Hours    | Min            |
|  | ATION (Give kind of work      | 10b, KII                 | ND OF BUSINES     |                 | 11. BIRTHPLACE (Stat | ite or loreign c |                                       | [ ]          | 2. CITIZE |          | HAT            |
| petiredi -   | ost of working life, even if  | 1                        | R INDUSTRY        |                 | A3 3                 | 97 5.1           | 0 . 71                                |              | COUN      |          |                |
| FATHER'S NAM   | Roorer                        | 1 Ugili                  | ning Fac          | SUCTY           | Anoskey.             | NOTUL            | Carolina                              |              |           | USA      |                |
|  |                               |                          |                   |                 | IN. MOTHER &         | mesinera rana    | 114                                   |              |           |          |                |
|  |                               | Mitchell                 |                   |                 | 1                    |                  | tty Hardy                             | •            |           |          |                |
|  | EVER IN U. S. ARMED F         |                          | 6. SOCIAL SEC     | URITY NO.       | 17, INFORM           | AANT & ADDI      | RESS N                                | ewpor        | t Nev     | VB. V    | Ba             |
| No   | No                            | ol relation)             |                   |                 | W4334                | e Mitc           |                                       | 8 Mad        |           | -        |                |
| - Directors and an   | NIEWINA BIRPONIA APAR         |                          | 18. ME            | DICAL CE        | RTIFICATION          |                  |                                       |              | INTE      | RVAL BET | TWEEN          |
|  | NOTIONS DIRECTLY LEAD         | ING TO DEATH             | 7                 |                 | 7 6                  | 7                | / .                                   |              | ON        | SET AND  | DEATH          |
| IMMI   | EDIATE CAUSE (                | A)                       | 17                | 2112            | 7 7 12               | 2072             | boar                                  | 7 -          |           | 4-cli    | Ry:            |
| ANTEC  | EDENT CAUSE(S) DUE            | 10                       | 11/2/             | 1               | 0.12 -               |                  | 1                                     |              |           |          | 6.             |
| DISEASES OR CON<br>GIVING RISE TO T  | DITIONS, IF ANY, (I           | B)                       | 0)10              | 1-010           | J C-CRO              | 73/              | 7                                     |              |           | nde      | 160            |
| STATING UNDERLY  | NG CAUSE LAST. DOE            |                          |                   |                 |                      |                  |                                       |              |           | /        |                |
| T CATHER FIGURES   | NT CONDITIONS CONTRIB         |                          |                   | -               |                      |                  |                                       |              | -         |          |                |
|  | IT NOT RELATED TO THE         | DING                     |                   |                 |                      |                  |                                       |              | 1         |          |                |
|  | DITION CAUSING DEATH,         |                          |                   |                 |                      |                  |                                       |              |           |          |                |
| Pe. DATE OF OPER   | ATION 195. M                  | AJOR FINDINGS            | OF OPERATIO       | N               |                      |                  |                                       |              | 1         | AUTO     |                |
| Is, ACCIDENT WA  | S LINDEPLYING TO 1 21         | b PLACE (Hom             | a form forto-     |                 | 21c. WHERE DID INJUR | PY OCCUPS        | (Ceta or town)                        | (Cou         | YES       | (Stat    | 10 L           |
| R CONTRIBUTING   | CAUSE OF DEATH   O            | F INJURY street,         | office bldg., ato | 3               | ZIC. WILKE DID 8170K | KI OCCOK!        | (City of lown)                        | (Con         | niy;      | (21#     | 1401           |
| IF EITHER, NOTIFY M<br>1d. TIME OF INJUR   |                               | r) (Hour)   21a.         | INJURY OCCU       | IR RED 1        | 21f. HOW DID INJUR   | Y OCCUR?         |                                       | <del></del>  |           |          |                |
| 10. 111112 07 1112011  | · (moning (pay) (rea          | Whi                      | ila — No          | t while         | 211. 110W DID #130K  | ti occoni        |                                       |              |           |          |                |
|  |                               | M, arw                   | rork L et         | work            | <del></del>          |                  |                                       |              |           |          |                |
| 2. I hereby  | certify that I attend         | ded the dece             | ased from         | A State Control | C.L., 19Ç, to        | S. L. L. L.      | de Jul., 19                           | that I       | last sav  | w the de | eceaso         |
| alive on   | 14 6 19                       | J and                    | that death        | occurred at     | ZA.M. from           | m the caus       | es and on the                         | date state   | d abov    | 6.       |                |
| SIGNATUR   | 4                             | 12                       |                   | 1               | and to be an in      |                  | \$ (Street, city, tow                 |              |           | DATE S   | IGNE           |
| .a   | Turnel                        | 1.                       |                   | M. D. 6         | 210 your             | - 5              | distan                                | 124          | . 18      | 117      | 11             |
| 3. BURIAL, CREMA   |                               | EREOF                    | NAME OF           | CEMETERY OR     | CREMATORY            | L                | OCATION (City, 16w                    | n, or county | 1)        |          | (State)        |
| REMOVAL (SPE   | 1                             | -00 EE                   | Chr               | rtis Ce         | mak ana              |                  | / / / / / / / / / / / / / / / / / / / |              | 9.0       |          |                |
| 4. REC'D BY REGIS  |                               | -20-55<br>Ar's signature | 1                 | T 07.9 06       | 1 25. FUNERAL DIRE   | ECTOR'S SIGN     | ear Whale                             | 4 . 1        | WDDR(222  | orc.     | <del>}0=</del> |
|  | - On                          | OH                       | at no             |                 | to.                  |                  | 2.046                                 | Chro         | redi      | Sept."   |                |
| ÂTÉ "  | 1/14                          | ery /.                   | Mallor            | ours a          | Mary a.S             | DEWAN            | y Julys                               | un           | me        | L =      |                |

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

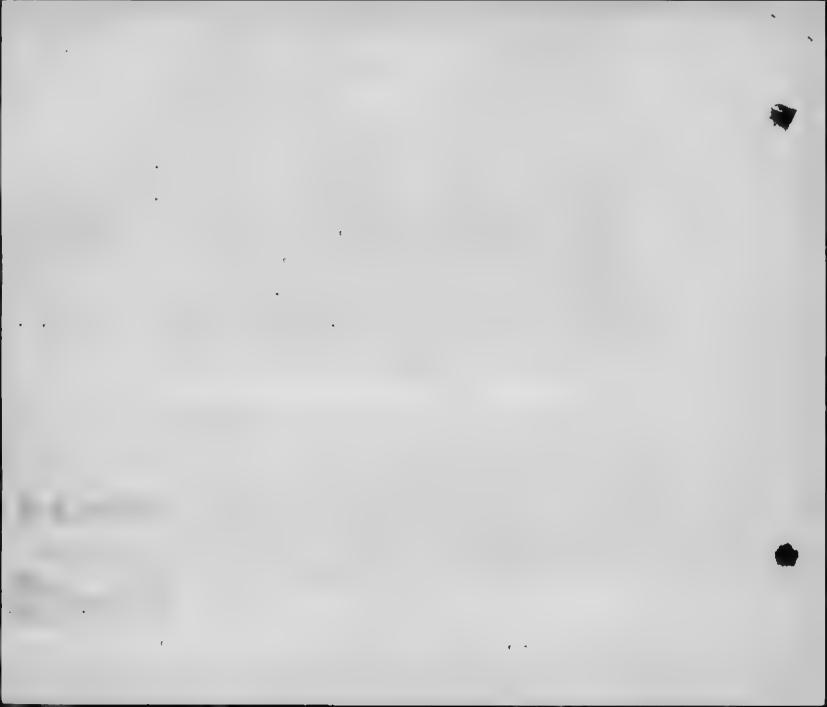
### CERTIFICATE MEDICAL EXAMINER'S OF DEATH

| 1. PLACE OF DEATH:   | 2. USUAL RESIDENCE (HOME) OF DECEASED:   |
|--|--|
| COUNTY Wicomico MARYLAND   | STATEMARYLAND COUNTY Wicomico  |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) Town (Rural) Pittsville   | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE 50   | STREET (If rural, give location) 511 Jackson St.   |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) · MILTON LEONARD   | (Last) 4. DATE (Month) (Day) (Year) OF DEATH OCT. 25 19 55   |
| Male RACE: WIDOWED, DIVORCED, May  10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF  | 11. BIRTHPLACE (State or (oreign country):   12. CITIZEN OF WHAT   |
| work done during most of work life, even if retired): Produce Broker Fruit & Produce  13. FATHER'S NAME:   | Berlin, Maryland Country?  |
| William Mitchell   | Annie B. Holland   |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES ? 16 SOCIAL SECURITY NO. 1  | 17. INFORMANT & ADDRESS:   |
| (Yes, no, or unk.) (If Yes, give war or dates of unk service)  | Mrs. Minnie Cropper (Sister) Ocean City, Md.   |
| 18. MEDICA   | AL CERTIFICATION INTERVAL BETWEEN  |
| Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c) | GNSET AND DEATH  |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH                                   |  |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:   | 20. AUTOPSY? Yes \( \text{No.} \text{No.} \)   |
| 21s. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street, the bldr. etc., CAUSE OF DEATH.  | the raw in the services and  |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work  | 211. HOW DID INJURY OCCUR?   |
|  | ded above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause .  CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED M. D. ASSISTANT MEDICAL EXAM. |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER REMOVAL (Specify): BURIAL WAYNOY. 2.1955 Parsons C   | enetery   LOCATION (City, town, or county) (State)   |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REG 10-31-55 WILL A HILL A HOLLONGE   | 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND   |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR

BINDING

VS. A15A - 5 - 53



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10257

# CERTIFICATE OF DEATH

10274

| COUNTY WICOMICO MARYLAND STATE M   | Aryland COUNTY Wicomico Dutsida copporate limits, write RURAL and give nearest town)  Saliabury  [Wiroral give location]  332 Catherina Street:  4. DATE (Month) (Day) (Year) |
|--|---|
| CITY [If outside corporeta limits, writa RURAL OR and give neerast town)  TOWN Salisbury About 30 yrs  HOSPITAL OR INSTITUTION OR STREET ADDRESS  At home — 332 Catherine St  3. NAME OF DECEASED [First] [Middle] [Last]  | Salisbury  [if rural give location]  332 Catherine Street:  4. DATE (Month) (Day) (Year)  |
| OR and give neerest town) Salisbury HOSPITAL OR INSTITUTION OR STREET ADDRESS At home — 332 Catherine St  3. NAME OF DECEASED Type of Print of the control o | Salisbury // [H rural giva location] /  332 Catherine Street:  4. DATE (Month) (Day) (Year)   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  At home — 332 Catherine St.  3. NAME OF DECEMBED (First) (Middle) (Last)  [Clast]  [Clast]  | (If rural give location)  332 Catherine Street:  4. DATE (Month) (Day) (Year)   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  At home — 332 Catherine St.  3. NAME OF (First) (Middle) (Last)  Type Capable (Last)  | 332 Catherine Street  |
| 3. NAME OF DECEASED (First) (Middle) (Last)  [Control of the control of the contr | 4. DATE (Month) (Day) (Year)  |
| 3. NAME OF (First) (Middle) (Last) DECEASED Tryon or Print)  | 4. DATE (Month) (Day) (Year)  |
| (Type or Print)  |   |
|  | DEATH AS  |
| S. SEX   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH  | 10 - 15 - 19 55   |
| RACE WIDOWED DIVORCED  | Months   Days   Hours   Min.  |
| Male A.A. (Specify) Widowed About 1860   | About 95 yr.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY 11, BIRTHPLACE (\$   | Slats or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
|  |   |
| 13. FATHER'S NAME 14. MOTHER'  | Worcester Co., Md. USA  |
| (v) FALLOR V LYAMO   | W CONTRACT I VIVIII   |
| Samuel James Pitts   | Sarah Penniwell   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO  | RMANT & ADDRESS   |
| (Vas, no, or unk.) (# Yes, giva war or deles of service)   | T Dieta D D Ama Damida Ma   |
| No No Yes - Tost Thomas  | as L. Pitts, R.R. Ave. Berlin, Md.  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | ONSET AND DEATH ,   |
| IMMERIATE CAUSE (A) - 13 K-1716.   | and the stand   |
|  | frank y & M. M.   |
| ANTECEDENT CAUSE(S) DUE TO   | Variation 1 Com 11  |
| DISEASES OR CONDITIONS, IF ANY, (B) (C) THE ABOVE CAUSE  | TO TOTAL  |
| STATING UNDERLYING CAUSE LAST, DUE TO  |   |
| (C)  |   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |   |
| DISEASE OR CONDITION CAUSING DEATH.  |   |
| 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES NO  |
| 21a. ACCIDENT WAS UNDERLYING []   21b. PLACE (Home, farm, factory,   21c. WHERE DID INJ  | JURY OCCUR? (City or fown) (County) (State)   |
| OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bidg., etc.)  | SONT OCCONT (City of Town) (County) (Sima)  |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)   21d, TIME OF INJURY (Monih) (Day) (Year) (Hour)   21a, INJURY OCCURRED   21f, HOW DID INJ   | Hiny occilo 3   |
| 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OF White Not white  | JORY OCCOR?   |
| M.   et work L.  at work L.  |   |
| 22. I hereby certify that I attended the deceased from   | to 15 19 T, that I last saw the deceased  |
| alive on 2 Oct 19 on and that death occurred at 7 M, fr  | 1 3/  |
| BIGNATURE  | ADDRESS (Street, city, town, stata) DATE SIGNED   |
| ETT 210 00 11  | 14. 57 C. 1. 2. 1. 2. 1.  |
| M.D. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | 1000/1 0 cot solony 14 /8" (/)  |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY)  | LOCATION (City, town, or county) (State)  |
| Burial 10-20-55 Evergreen Cemetery   | Berlin, Worcester Co., Md.  |
|  | DIRECTOR'S SIGNATURE ADDRESS  |
| in the second of | 1 CL 324 E. Church at   |
| DATE. Mary Or. Asloway. Mary U   | Wewart Jahsbury Md.   |
|  |   |

BUREAU V. E.

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|-----|----------------|-----------------------|----------------------|
| Tr. | 1              | carefully. The co     | and legibly.         |
|     | 78             | y item of information | of death clearly and |
|     | ED FOR BINDING | every item            | the causes of death  |
|     | OR 1           | -                     | the                  |
|     | Ē              | Supply                | write                |
|     |                | ĽΩ                    | 3                    |

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| MINDICAL MARKE  | INER S CE  | MILLIUALI         | Z OF DEA  | LII No. JAK.                 |
|---|--|-------------------|---|------------------------------|
| I. PLACE OF DEATH:  |  | 2. USUAL RESIDE   | NCE (HOME) OF DECEAS                                      | SED:                         |
| COUNTY Wicomico   | MARYLAND   | STATE Maryl       | and county  | Wicomico                     |
| CITY (If outside corporate limits, write ROOR and give nearest town) Salisbur   | URAL LENGTH OF ST. (in this place)                             | OR                | e corporate limits write RU                               | URAL and give nearest town)  |
| HOSPITAL OR LINETHUTION OR STREET ADDRESS Pen. Gen.   |  | STREET            | (If rural, give an City Rd. #R.                           |                              |
| 3. NAME OF (First) DECEASED: (Type or Print) WILLIE   | (Middle) ANNA  | (Last)<br>REDDISH | 4. DATE (Month) OF DEATH OCT.                             | (Day) (Year)<br>16th 19 55   |
| RACE: WID   | owed, divorced, May  | 22. 1879          | 76 yrs. Mc  | UNDER I YEAR IF UNDER 24 HRS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House Work  | 105. KIND OF BUSINESS<br>INDUSTRY:<br>at Home                  | OR 11. BIRTHPLAC  | E (State or foreign count<br>, Maryland                   | country?                     |
| IS. FATHER'S NAME:  |  | 14. MOTHER'S MA   | IDEN NAME:  |                              |
| James Phippin   |  | Ianthan B         | ailey   |                              |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of   | 7 16. SOCIAL SECURITY No.:                                     | 17. INFORMANT &   | ADDRESS:  |                              |
| , No service)   |  | Mrs. Leroy        | Smith(Daughter)<br>Pemberton) Sali:                       | Ellegood St.                 |
| Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CO | NTRIBUTING   | & Blad            | De.   | 3 days                       |
| TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING DI 19a. DATE OF OPERATION 19b. MAJOR   | EATH   | - 1000            |   | 20. AUTOPSY?                 |
| 10-13-55  | Parlante   | of 1/2 Known      | xer.  | Yes No No                    |
| PRIMARY or CONTRIBUTING CAUSE OF DEATH.   | PLACE (House, farm, fact<br>OF street, office oldg.,<br>INJURY | etc., Salu        | My Wie  | (State)                      |
| 2Id. TIME (Month) (Day) (Year) (Hour) OF INJURY 13 SS A-M.  | While at Not while work at work                                | - Perforte        | NJUR DOCCHRI  | jetrofii -                   |
| 22. I hereby certify that I took char   |  |                   |   |                              |
| find that death resulted from: I  | vaturai causes [], Ac  | CHIE<br>DEPU      | F MEDICAL EXAMINER TY MEDICAL EXAMINE STANT MEDICAL EXAM. | DATE SIGNED                  |
| 23. BURIAL, CREMATION. DATE THER REMOVAL (Specify): Oct. 20,1   | 955 Parsons Ce   | TERY OR CREMATORY | salisbury, M  | eryland                      |
| DATE REC'D BY LOCAL REGISTRAR'S   | SIGNATURE  | 24. FUNERAL DI    | RECTOR  | ADDRESS                      |
| 10-18-03 Marul  | 1. Notleman  | / HOLLOWAY &      | COMPANY SALIS   | RURY MARYLAND                |

VS. A15A - 5 - 53

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4 0 0 15 15

| 10289 CERTIFICATE  | OF DEATH               | Reg. Dist.                  | No                    |
|--|------------------------|-----------------------------|-----------------------|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE     | (HOME) OF DECEASED          | );                    |
| COUNTY MISOMES MARYLAND  | STATE Monday           | I down the                  |                       |
|  |                        | ate lymits, write RURAL     | no give prarest town) |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and the place)  | OR<br>TOWN             | 26,01,10                    | .,                    |
| HOSPITAL OR  | STREET                 | (If rural give location)    | X                     |
| INSTITUTION OR STREET ADDRESS  | ADDRESS                | (II Tatal give location)    |                       |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print)  | Lyles Landaux          | OF DEATH:                   | Day) (Year)           |
| 5. SEX: 16 COLORADE LY SINGLE MARRIED LE DATE  | OF BIRTH: 19, AGE      | E last birthday 1 under t v | EAR IF UNDER 24 HRS.  |
| male Ith (Specify nonneck for  | 0/6,1882 08            | 73 yrs Months D             |                       |
| work fone during most of working life, even if settred:  | 11. BIRTHPLACE (State) | or foreign country): 12.    | COUNTY OF WHAT        |
| 13. FATHER'S NAME:   | 14. MOTHER'S MAIDEN    | MAME:                       |                       |
| Didney Kickerdson  | moreah &               | Elfin For                   | oro                   |
| (Yes, no. of unk.) If Yes, give war or dates   | Mus dillie             | Chordeon                    | Willows me            |
| 18. MEDICAL CERTIFICAT   | ION                    |                             | INTERVAL BETWEEN      |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                        |                             | ONSET AND DEATH       |
| IMMEDIATE CAUSE (A) Chronary   | Seclivers              | Morandares                  | aprino.               |
| DUE TO / //  | 1                      |                             |                       |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO  | seno arteris           | selerous                    | 10 stra               |
| STATING UNDERLYING CAUSE LAST DUE TO   |                        |                             | /                     |
| (c)  |                        |                             |                       |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |                        |                             |                       |
| DISEASE OR CONDITION CAUSING DEATH.  |                        | <del></del>                 |                       |
| 19a DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  | N                      |                             | 20. AUTOPSYT          |
|  |                        |                             | YES NO D              |
| 21A. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR?     | City or town) (Count        | y) (State)            |
| 21b TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Wille at work at work   | 21F. HOW DID INJUR     | Y OCCUR?                    |                       |
| 22. I hereby certify that I attended the deceased from /9 4  |                        |                             |                       |
| alive on / 0 / 0 , 19 SA, and that death occurred at SIGNATURE   | ADDRESS A              | , // DAT                    | stated above.         |
| N JEJNUS COLVE   | .D. Wellaids           | 110                         | 11.22                 |
| 23. PURIAL, CREMATION, DATE THEREOF NAME OF CEMETE   | ERY OR CREMATORY       | City, town, or              | Sounty) (State)       |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RESISTRATE - 153   | 24 FINERAL DIRIC       | alen All.                   | ADDRESS (A)           |
| 7.0000   | . , , , , , , , , , ,  | - December                  | THANK VINE            |

2.15.5000

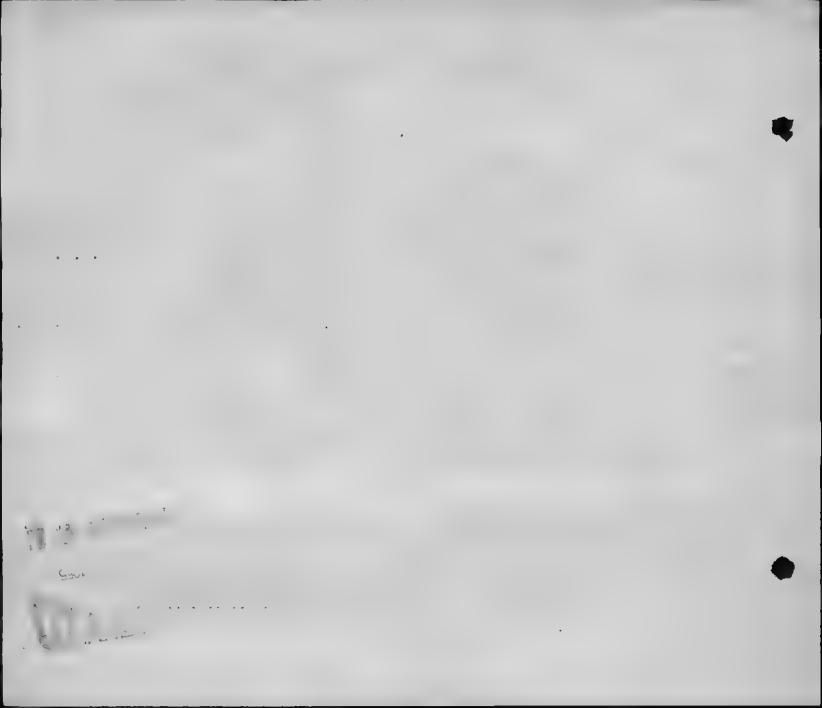
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

|  | MEDICAL EXAMINER'S CER   | THE OF DEATH   | No.324                           |
|--|--|--|----------------------------------|
|  | I. PLACE OF DEATH:   | 2. USUAL RESIDENCE (HOME) OF DECEASED:                                     |                                  |
|  | COUNTY Wicomico MARYLAND   | STATE Virginia COUNTY ACCOMAC  |                                  |
|  | CITY (if outside corporate limits, write RURAL Corporate limits, write RURAL (in this place) TOWN Salisbury 10 min.  | CITY (If outside corporate limits write RURAL and OR TOWN Wattsville,      | give nearest town)               |
| 8  | HOSPITAL OR MINSTITUTION OR STREET ADDRESS Peninsula General Hospital  | STREET (If rural, give location) ADDRESS                                   | V_                               |
|  | 3. NAME OF (First) (Middie)  | (Last) 4. DATE (Month) (Day)   | (Year)                           |
|  | DECEASED: (Type or Print) James T Rob  | inson DEATH 10-30-55   | 19                               |
|  | M RACE: WIDOWED, DIVORCED, (Specify): Married Aug  | E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y  15, 1907 48 yrs Months Da  |                                  |
|  | work done during most of work life even if retired): UTV11 SerVice   | South Carolina U   | COUNTRY!                         |
| 3  | 13. FATHER'S NAME:  James O. Robinson  | 14. MOTHER'S MAIDEN NAME:<br>Katie Prister                                 |                                  |
| מינו   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war, or dates of Yes.)  Service) ZNOWHATA  | 17. INFORMANT & ADDRESS: Mrs. Grace Robinson, Wattsv                       | ille, Va.                        |
| TOWN TOWN  | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause (a) Fractured  | al certification   | INTEGVAL BETWEEN ONSET AND DEATH |
| d remarks  | Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  stating underlying cause last (c)   |  |                                  |
| L. 7. 113  | IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |  |                                  |
| 112710   | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:   |  | Yes No No                        |
| duit.  | 21a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, office bldg., etc   | Wattaville ; Accomic,  | (State) Virginia                 |
| CIRILY   | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Wile at work W  |  |                                  |
| 9d 18 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 19 63 | 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause    SIGNATURE  M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 10-30-55 |  |                                  |
| S  | Buylah (Specify): Nov. 2, 1955- John Ta  | RY CHEMINATER LOCATION (City, town, or con<br>ylor Memorial Temperancevill | enty) (State)                    |
|  | REG.//-2-55 Mary W. STRAY  | William B. Salyer - Turnistage   | ADDRESS                          |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item "f information carefully. The correct

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



A15C 1-55 10M

S

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10261

# CERTIFICATE OF DEATH

10278

Reg. Dist. No. 200

| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENC                 | E (HOME) OF D     | ECEASED        |                                     |  |
|--|--|-----------------------------------|-------------------|----------------|-------------------------------------|--|
| COUNTY Wicomico  | MARYLAND                                 | STATE Maryland COUNTY Talbot      |                   |                |                                     |  |
| CITY (if outside corporate limits, write RURAL OR and give nearest town)   | LENGTH OF STAY                           | CITY (If outside corpora          |                   | nd give neeres | i fown)                             |  |
| 12 Town Salisbury  | (in this place)                          | TOWN East                         | on                |                | 20 Y 5                              |  |
| HOSPITAL OR  |  | STREET                            | (If rurel gir     | re focetion)   | CALL Y STAR                         |  |
| 2. STREET ADDRESS Dearla Hard State  | 4  | ADDRESS Route                     |                   |                | <b>V</b>                            |  |
| DECEASED -   | Middle)                                  | (Last)                            | 4. DATE (Moi      |                | Dey) (Yeer)                         |  |
| (Type or Print) Emma   | E.                                       | Ross                              | DEATH 0           | et.            | 12 19 55                            |  |
| S. SEX 6 COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIVE   | D, 8. DATE O                             | F BIRTH 9.                        | AGE last birthday | IF UNDER 1     |                                     |  |
| Female Trite (Specify)   | rried 3/1:                               | 2/1875                            | 80 yrs.           | Months         | Deys Hours Min                      |  |
|  | O OF BUSINESS                            | 11. BIRTHPLACE (State or foreign  | совлігу)          | 12.            | CITIZEN OF WHAT                     |  |
| 13. FATHER'S NAME  | -  | l'aryland  14. MOTHER'S MAIDEN NA |                   |                | USA                                 |  |
| John Lewis Mullelin  |  |                                   | nterbottcr        |                |                                     |  |
|  | SOCIAL SECURITY NO.                      | 17. INFORMANT & AE                |                   |                |                                     |  |
| (Yeş, np. or unk.) (If Yes, give wer or dates of service)  | JOCIAL SECORIT NO.                       |                                   |                   |                |                                     |  |
| Int.   | 18. MEDICAL CER                          | Hospital                          | Records'          |                |                                     |  |
| X DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | 18, MEDICAL CER                          | TIFICATION                        |                   |                | INTERVAL BETWEEN<br>ONSET AND DEATH |  |
| 463 X IMMEDIATE CAUSE (A) COPO   | mary embelism                            |                                   |                   |                | 30 minutes                          |  |
| DUE TO   | who whi shit!                            | 7 - 04 - 0                        |                   |                |                                     |  |
| DISEASES OR CONDITIONS, IF ANY, (B)  | umn lunentriz                            | - left femoral                    | vein              |                | 7 anys                              |  |
| STATING UNDERLYING CAUSE LAST, DUE TO  |  |                                   |                   |                |                                     |  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |  |                                   |                   |                |                                     |  |
| DISEASE OR CONDITION CAUSING DEATH.  | eriosclerosis                            | - general                         |                   |                | ?                                   |  |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS C   |  |                                   |                   |                | YES NO X                            |  |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF ETYHER, NOTIFY MEDICAL EXAMINER) | , farm, factory, 2<br>ffice bldg., etc.) | 1c. WHERE DID INJURY OCCUR?       | (City or town)    | (County)       | (State)                             |  |
| While  | Not while                                | 211. HOW DID INJURY OCCUR?        |                   |                |                                     |  |
| M. at wo   | ( /27                                    | EE Oot                            | 70 6              | -              |                                     |  |
| 22. I hereby certify that I at ended the decea   |  | ., 19.55 ., 10 Oct                |                   | 2, that I la   | st saw the deceased                 |  |
| alive on   |  | 4:00PM, from the ca               |                   |                |                                     |  |
| VII. WIOLDER   | L.V. Haldv                               |                                   | S 110aa Hos       |                | DATE SIGNED                         |  |
| 23. BURIAL, CREMATION, DATE THEREOF  | MAME OF CEMETERY OF                      | CREMATORY I                       | LOCATION GARAGE   |                | (State)                             |  |
| EMOVAL APPEARED VER- 15/93   | Letting H                                | ell                               | Easton            | 1 /M           | L'A                                 |  |
| 24. REC'D BY REGISTRAR'S SIGNATORE   | 01-11                                    | 25. WHAL DIRECTOR'S SI            | GNATURE           | AE             | DDRES6                              |  |
| DATE /0/14/00 /2-18 66   | engua                                    | Munul                             | C. Ipen.          | ravy           | WM                                  |  |
| Mary It. 9   | followayys                               | 7 .                               |                   | 1              |                                     |  |



10279

(Year)

19 55

IF UNDER 24 HRS

Hours

ONSET AND DEATH

20. AUTOPSY?

NO

(Stete)

YES |

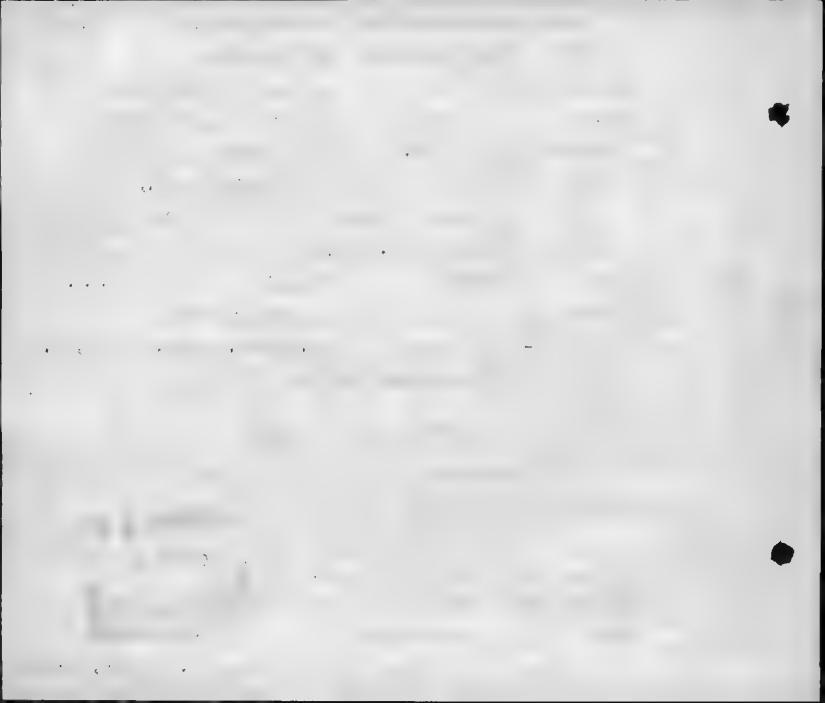
CITIZEN OF WHAT

COUNTRY?

U.S.A

(Day)

Devs



OR WRITE PLAINLY, WITH UNFADING INK. Supply eyery item of information carefully. The

MARGIN RESERVED FOR BINDING

PLEASE TYPE

DATE REC'D BY LOCAL REGISTRAS 1-55

Mary 2

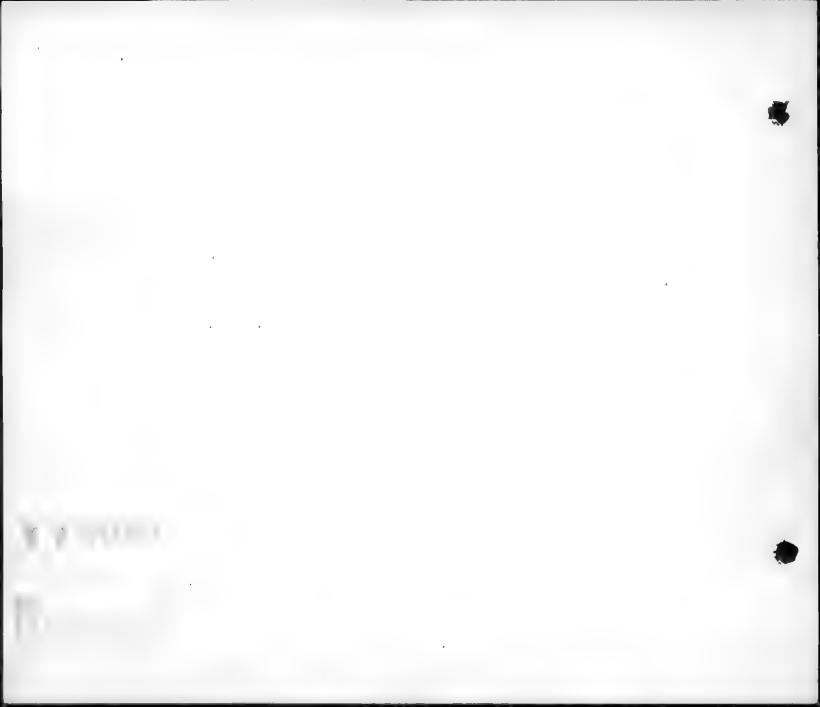
A15-

VS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

MED FORD L. WATSON; SEAFORD, DELAWARE

| 1. PLACE OF DEATH.   | 2. USUAL RESIDENCE (HOME) OF DECEASED            | ):                             |
|--|--|--------------------------------|
| COUNTY ///comico MARYLAND  | STATE DOLAWARE COUNTY SUS                        | -cov                           |
| CITY (If outside corporate limits, write RURAL   LENGTH OF STAY  | CITY(If outside corporate limits, write RURAL a  | nd give newrest town)          |
| OR and give nearest town) (in this place)  | TOWN Sandad                                      | 111 40                         |
| The state of the s | Jeapera Ku                                       | RAL 46X 3                      |
| HOSPITAL OR A INSTITUTION OR   | STREET (If rura) give location) ADDRESS SERECEO  | - LAUREL                       |
| STREET ADDRESS Peninsula Deneral Hoskital  |  | IGHWAY 1                       |
| 5. NAME OF (First) (Middle)  | (Last) 4. DATE (Month) (I                        | Pmy) (Year)                    |
| OECEASED: (Type or Print) William Rust   | SAMBSON DEATH: Ort. 2                            | 7 10 66                        |
|  | OF BIRTH: 9, AGE last birthday IF UNDER 1 Y      | 7 1955<br>EAR IF UNDER 24 HRS. |
| RACE: WIDOWED, DIVORCED.   |  | ays Hours   Min.               |
| III CONTROL  |  |                                |
| A. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:  | ti. BIRTHPLACE (State or foreign country):   12. | CITIZEN OF WHAT                |
| even if retired) CARPENTER BUILDING CONSTRUCTION   | BRIDGEVILLE, DELAWARE                            | USA                            |
| 3. FATHER'S NAME:  | 14. MOTHER'S MAIDEN NAME:                        |                                |
| CHARLES SAMPSON  | SARAH BAKER                                      |                                |
| WAS DECEASED EVER IN U.B. ARMED FORCES?   16. SOCIAL SECURITY NO.  | 17. INFORMANT & ADDRESS:                         |                                |
| Yes, no, or unk.) (If Yes, give war or dates   | MRSIDA A. SAMPSON; SEAFOR                        | OI DEL                         |
| NO of service) = 214-12-6055   | ישורות לינו אוני ווא אוני אוני אוני              | D, DCL.                        |
| 18. MEDICAL CERTIFICAT   | TION   | INTERVAL BETWEEN               |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  | ONSET AND DEATH                |
| 156.1 (MAIN  | rome of five                                     | MASSIA                         |
| IMMEDIATE CAUSE  (A)  DUE TO   | 10000  | 1100000                        |
| ANTECEDENT CAUSE (8)   |  |                                |
| DISEASES OR CONDITIONS, IF ANY. (B)  |  |                                |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.   |  |                                |
| (C)  |  |                                |
| I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |                                |
| TO THE DEATH BUT NOT RELATED TO THE  |  |                                |
| DISEASE OR CONDITION CAUSING DEATH.  | N  |                                |
| SA, DATE OF DEERATION: 108. MAJOR PHODINGS OF OPERATIO   | 14   | 20. AUTOPSY?                   |
|  |  | YES NO                         |
| IA. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac<br>R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.  |  | y) (State)                     |
| R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,  | , etc. INJURY OCCUR?                             |                                |
| ID. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   | D   21F. HOW DID INJURY OCCUR?                   |                                |
| F INJURY While at work at work   |  |                                |
|  | 2 40.5% (0.25)                                   |                                |
| 22. I hereby certify that I attended the deceased from (1) - 4   |  |                                |
| alive on 11-26 1950, and that death occurred at  | 5 AM, from the causes and on the date :          | stated above.                  |
| SIGNATURE CALL AND   |  | E SIGNED                       |
| THUI DULL.   | 1.0. 226 1/1 DIMSION 1                           | 0.7/13)                        |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET  | ERY OR CREMATORY   LOCATION (City, town, or      | county) (State)                |
| BURGER ALL   | E CEMETERY BRIDGEVILLE L                         | ) ELHWARE                      |



NSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10263

# CERTIFICATE OF DEATH

10281

Reg. Dist. No.... 337

| 1. PLACE OF DEATH  |   | 2. USUAL RESIDEN                       | CE (HOME) OF DEC            | EABED                                       |                             |
|--|---|--|-----------------------------|---|-----------------------------|
| COUNTY Wicomico  | MARYLAND                                      | STATE Maryla                           | and county                  | Wicomio                                     | 0.0                         |
| CiTY (It outside corporate limits, write RURAL   | LENGTH OF STAY                                | CITY (If outside corpor                | ate limits, write RURAL and | give neerest town)                          |                             |
| OR end give nearest lown] /2 TOWN SELISBURY  | (in this piece)                               | OR<br>TOWN                             | i alaman                    |   | 1                           |
| L Dealboury  | 1 week  | 287                                    | isbury                      |   | 104                         |
| HOSPITAL OR<br>INSTITUTION OR  |   | STREET<br>ADDRESS                      | (If zural give l            | ocanon)                                     | /                           |
| on Street Address 147 Upton Sti  | reet  | 147                                    | Uston Stre                  | eet   |                             |
| 3. NAME OF (First)   | (Middle)                                      | (Lesi)                                 | 4. DATE (Month)             | (Dey)                                       | (Year)                      |
| (Type or Print) Arthur   | Eilton  | Coott                                  | DEATH Oct                   | - 54  | -                           |
| HI WILL  |   | Scott                                  | 1                           |   | 19 5                        |
| S. SEX 6. COLOR OR 7. SINGLE, MAI WIDOWED,   |   | OF BIKEF                               |                             | Nonths   Days                               | Hours I M                   |
| wale White (Specify[a]   |   | e 11,1891                              | 64 ym. "                    | Days  | 110013                      |
| 10e. USUAL OCCUPATION (Give kind of work   10b.  | KIND OF BUSINESS                              | 11. BIRTHPLACE (State or foreig        | in country)                 |   | N OF WHAT                   |
| entional) ass  | OR INDUSTRY                                   |  |                             | COUN  | TRY?                        |
| Lumberman Li   | umber   | Laryland                               |                             |   | - shoc                      |
| 13. FATHER'S NAME  |   | 14, MOTHER'S MAIDEN N                  | IAME                        |   |                             |
| Arthur W. Scott  |   | Ida                                    | Bodboy                      |   |                             |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   | 16. SOCIAL SECURITY NO.                       | 17. INFORMANT & A                      | DORESS                      |   |                             |
| (Yes, no, or unk.) (If Yes, give wer or dates of service)  |   |  |                             |   |                             |
| no l no l  |   |  | Scott, Sal                  |   |                             |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT  | 18. MEDICAL CE                                | RTIFICATION                            |                             |   | RVAL BETWEEN<br>ET AND DEAT |
| 4241 Jan   | in lus his                                    | untial a Time                          | . 0                         | 17.   |                             |
| MAMEDIATE CAUSE (A)  | year oranger                                  | Le Faire                               | X                           | 174   | aser-                       |
| ANTECEDENT CAUSE(S) DUE TO   | I in the m                                    | n/a                                    |                             |   |                             |
| DISEASES OR CONDITIONS, IF ANY, (B)  | T MARGET                                      | CX 4-                                  | <del> </del>                |   | 220.                        |
| STATING UNDERLYING CAUSE LAST. DUE TO  | /// _   | 1.6                                    |                             |   |                             |
| GO INC   | Will yar                                      | Luci 1020                              |                             | <u>)                                   </u> | 11-                         |
| TO THE DEATH BUT NOT RELATED TO THE  | . 11  | 1 1.0.                                 | 1. 1                        | and and                                     |                             |
| DISEASE OR CONDITION CAUSING DEATH.  | ( usne missi                                  | The elle                               | Resla                       | 32  | he .                        |
| 190, DATE OF OPERATION   196, MAJOR MINDING  | S OF OPERATION                                |  |                             | 2D  | . AUTOPSY?                  |
|  |   |  |                             | YES   | □ NÓ>€                      |
| 21a. ACCIDENT WAS UNDERLYING   21b. PLACE (He OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY stree | oma, farm, factory,<br>t, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR            | ? (City or town)            | (County)                                    | (State)                     |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   |  |                             |   |                             |
|  | 1e. INJURY OCCURRED                           | 21f. HOW DID INJURY OCCUR              | 7                           |   |                             |
|  | work at work                                  |  |                             |   |                             |
| 22. I hereby certify that I attended the dec   | mare  | 1955, 10 PC                            | 27,1950                     | that I fact on                              | a the deep                  |
| 22. I nereby curity that I allended the dec  | leased from Z.Z.Z.                            |  | · ·                         |   |                             |
| alive on Collection, 19, as  | nd that death occurred a                      | M, from the c                          | auses and on the dat        | e stated above                              | в.                          |
| BIGNATURE  |   | Fill Bos                               | ESS (Street, city, town     | iyete) E                                    | DAYE BIGN                   |
| DIII JE CULATER  | M.D.  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 1 Mill                      | 16  | 11.3/3                      |
| 23. BURIAL, CREMATION, DATE THEREOF  | NAME OF CEMETERY-OR                           |  | MOCATION (City, town, o     |   | / {State                    |
| Burial 10/26/19  | 55 digordan                                   | iom Desile                             |                             | 1   | . 7                         |
| 24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATE   | كالمكمل منصف بالمالية التناب المكار           | 15. FUNDA DIRECTORY                    | Se ignurya                  | ANDRESS                                     | ad                          |
| $n_1$ $m_2$ $n_1$  | al a  | 1/8                                    |                             | , Ayukess                                   | 1-                          |
| widet 28 1955 11/1001 16   | Na Wound                                      | 14amonths.                             | Bleentoto                   | 50. Buss.                                   | · Mas                       |



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATION OF THAT

40001

|          |                      | 10204 CERTIFICATE OF DEATH Reg. Di   | st. No                              |
|----------|----------------------|--|-------------------------------------|
| RA       | ully.                | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEAS   | ED:                                 |
| far      | carefull<br>le≡ibly. | COUNTY Wie ome MARYLAND STATE MARYLANDCOUNTY WA  | a plate                             |
|          |                      |  | and give nearest town)              |
|          | tion                 | OR and give nearest town) (in this place) OR TOWN TOWN   | 02 42-5                             |
| 1        | y a                  | HOSPITAL OR STREET (If rural give location   | n)                                  |
|          | nforma<br>clemrly    | INSTITUTION OR ADDRESS   | <b>✓</b>                            |
|          | item of information  | and the state of t | (Day) (Year)                        |
|          | m of i               | DECEASED: U OF m 1   | 1                                   |
|          | m de                 | (Type or Print)  5. SEX:   6. COLOR OR   7. STROLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday it under   | LYEAR IF UNDER 44 HRM.              |
|          | ite                  | male RACE, WIDOWED, DIVORCED. 401 15- 1913 150 Months  | Days Hours   Min.                   |
|          |                      | 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS A.1. BIRTHPLACE (State or foreign country): 12  | CITIZEN OF WHAT                     |
| c c      | causes               | work done during post of working life.  even if retired)  R INDUSTRY:  | COUNTERT                            |
| BINDING  | 0.1                  | 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:   | MOST                                |
| Š        | Supply<br>te the c   | 13. PAIRERS HAME!  |                                     |
| BI       | K. Su<br>write       | 18. WAS DECEASED EVER IN U.S. ARMED FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT/R ADDRESS:  |                                     |
| K        | INK.                 | (Yes, no, or vik.) (If Yes, give war or dates  |                                     |
| FOR      | E II                 | 1 — of service) — Marina 1.035   |                                     |
| g        | NG                   | IS. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  | INTERVAL BETWEEN<br>ONSET AND DEATH |
| I A      | IC                   | 1574   | 7. 4                                |
| <u> </u> | FA                   | IMMEDIATE CAUSE (A)  | - 2 must he                         |
| RESERVED | TH UNFAI             | ANTECEDENT CAUSE (8)   | ai                                  |
|          | I I                  | DISEASES OR CONDITIONS, 1F ANY. (B) GIVING RISE TO THE ABOVE CAUSE DIF TO  |                                     |
| ČĽ       | WITH<br>it. Phy      |  |                                     |
| ARGIN    | W nt.                | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |                                     |
| M        | AINLY, Wimportant.   | TO THE DEATH BUT NOT RELATED TO THE  |                                     |
|          | NI od                | DISEASE OR CONDITION CAUSING DEATH   | 20. AUTOPSY?                        |
|          | 7                    |  | YES NO                              |
| 1        | PI<br>Ily            | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c, WHERE DID (City or town)  | inty) (State)                       |
| . )      | VRITE PI             | 21a. ACCIDENT WAS UNDERLYING   21b. PLACE (15 me, farm, factory, 21c. WHERE DID (City or town) (Con CONTRIBUTING   CAUSE OF DEATH OF INJURY (street, office bldg., etc. INJURY OCCUR?  | (10000)                             |
| A .      | WRITE                | 210. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?   |                                     |
|          | P                    | OF INJUNE  |                                     |
|          | print)               | f 10 . a.c. 14   | st saw the deceased                 |
| 9        | 200                  | and the same of th |                                     |
| D<br>I   | TYPE                 | alive on /0.0 1955, and that death occurred at 4/354 M, from the causes and on the dat SIGNATURE ADDRESS   | ATE SIGNED                          |
| 3        |                      | William of tother, M.D. Jaba his hil   | (6.8-11                             |
| 1        | 02                   |  | or county) (State)                  |
| 274      | <€                   | REMOVAL (SPECIFY) 10-9-55 Wharton Memorial Parkely   | 1.10a                               |
| ô        | PLE                  | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR   | ADDRESS                             |





3 'A NV. .

IBAIEDEC

# INSTRUCTIONS

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10266 CERTIFICATE OF DEATH

10285

Reg. Dist. No.332

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEASE                        | D                                |
|--|---|----------------------------------|
| COUNTY Wicomico MARYLAND   | STATE Maryland COUNTY Tal                                   | bot                              |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY  | CITY (If outside corporete limits, write RURAL end give ne- |                                  |
| OR and give neerest town) /^ rown Salisbury, Maryland 2yr. 5mo. 1  | 9daysown Trappe. Maryland                                   | Day                              |
| HOSPITAL OR  | STREET (If furel give location)                             | a.Q.X                            |
| INSTITUTION OR Deer's Head State Hospital  | ADDRESS   | ,                                |
|  |   | ✓                                |
| DECEASED   | (Lost) 4. DATE (Month) OF                                   | (Dey) (Year)                     |
|  | Owers DEATH Oct.  | 2 19 55                          |
| S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE WIDOWED, DIVORCED,   | OF BIRTH 9. AGE lest birthdey IF UNDER                      |                                  |
| Female White Specify Divorced Aug  | g. 11, 1891 64 yrs. Months                                  | Deys Hours Min.                  |
| 10+. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS   |   | 2. CITIZEN OF WHAT               |
| done during most of working life, even if retired) Practical Nurse   | Mo war I a med  | COUNTRY?                         |
| 13. FATHER'S NAME  | Maryland  | USA                              |
| William A. Gambrill  | Annie V. Ornett   |                                  |
|  |   |                                  |
| (Yes, no, or unit ) (If Yes, give wer or dates of service)   | 17. INFORMANT & ADDRESS                                     |                                  |
| with the same of t | Hospital Records  |                                  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | ERTIFICATION  | INTERVAL BETWEEN ONSET AND DEATH |
| 4446 X IMMEDIATE CALLSE (A) Uremia   |   |                                  |
| The second control of  |   | 7 days                           |
| ANTECEDENT CAUSE(S) DUE TO Intercapillary  | glomerulosclerosis  | ?                                |
| GIVING RISE TO THE ABOVE CAUSE   | Santara   |                                  |
| STATING UNDERLYING CAUSE LAST.   |   |                                  |
| IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Hymertansive C  | ardiovascular disease                                       | 3 yrs                            |
| TO THE DEATH BUT NOT RELATED TO THE DISPLEMENT OF CONDITION CAUSING DEATH. Dispetes Melli  |   | 3 yrs<br>4 yrs                   |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION  | 1943  | 20. AUTOPSY?                     |
| ,  |   | YES NO                           |
| 21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINE)  | 21c. WHERE DID INJURY OCCUR? (City or town) (Cou            | nty) (Stere)                     |
| 21d. TiME OF INJURY (Month) (Dey) (Year) (Hour) 21e. iNJURY OCCURRED While Not while   | 21f. HOW DID INJURY OCCUR?                                  |                                  |
| M, et work Not while   |   |                                  |
| 22. I hereby certify that I attended the deceased from Apr.  | 13, 19 53 , to Oct. 2, , 19 55 , that I                     | last sour the descript           |
| alive on Oct 2, 1955 and that death occurred   | at 8:15 P.M., from the causes and on the date state         | dasi saw ilie deceased           |
| SIGNATURE A 1 4  | ADDRESS (Street, city, town, stele)                         | DATE EIGNED                      |
| d' malive, m.o.  | Salisbury, Maryland 1                                       | 0/3/55                           |
| 2 BURIAR CREMATION, DATE THEREOF NAME OF CEMETERY C  | OR CREMATORY LO ALICA (City, fown, or count                 | y)(Stete)                        |
| Web-6 55 Blesing   | teu parton  | del                              |
| 24. REC'D BY REGISTRAR REGISTRAP'S SIGNATURE   | 25. FUNERAL DIRECTOR'S SIGNATURE                            | DERFSS                           |
| DATE/0-18-53 - Mary W. Halloma   | Situated Co   | welcon las                       |
|  |   |                                  |

10.

were the

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

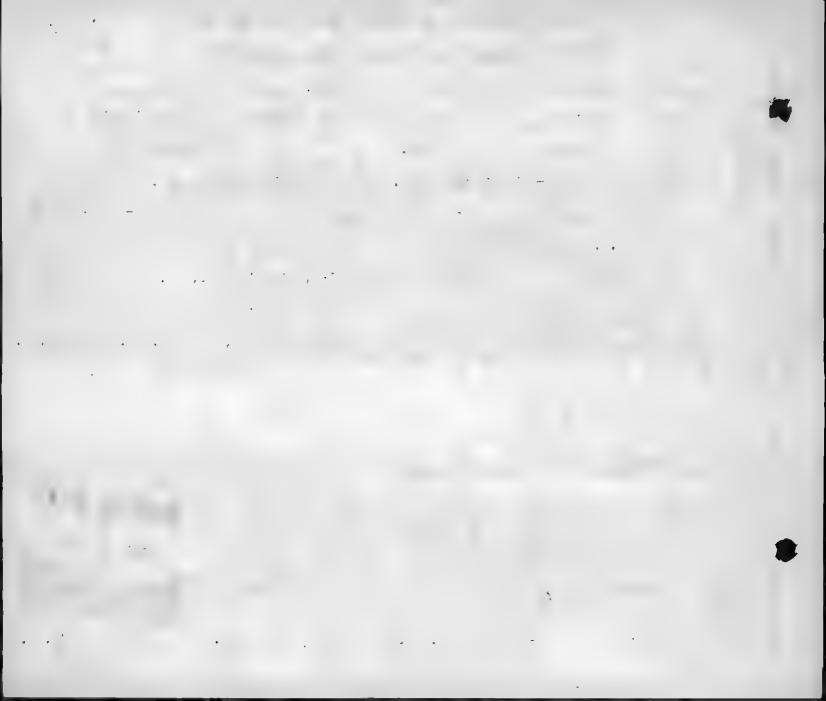
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10267

### CERTIFICATE OF DEATH

| I. PLACE OF DEATH  |   |                                    | 2. USUAL RESIDE                         | NCE (HOME) OF D  | ECEASED   |                        |       |
|--|---|------------------------------------|---|--|---|------------------------|-------|
| COUNTY Wicomico  | MARYL   |                                    | STATE Mary                              |  |   | comico_                |       |
| CITY (If outside corporets limits, write RURAL OR and give nearest town)   | LENGTH O  |                                    | CITY (If outside corpo                  | orete limits, write RURAL B  | nd give neerest   | town)                  |       |
| Saliabu  | ry  | Macet                              |   | isbury   |   |                        | 1:    |
| HOSPITAL OR  |   |                                    | STREET                                  | (If rural giv  | re lacetion)  |                        | 1     |
| Institution of Street Address Pen. Gen.  | Hospital.   |                                    | ADDRESS 905                             | Hanover St   |   |                        |       |
| 3. NAME OF (First)   | (Middle)  |                                    | (Last)                                  | 4. DATE (Mon   | th) (I  | Dey) (Y                | ear)  |
| (Type or Print) MATILDA  | S   | 9                                  | PRADER                                  | OF<br>DEATH ()(  | T.  | 17th 10                | 55    |
| 5. SEX   6. COLOR OR   7. SIN  | GLE, MARRIED,   | I 8. DATE O                        | F BIRTH                                 | 9. AGE lest birthday   | IF UNDER 1 Y  | 17                     |       |
| RACE WII   | DOWED, DIVORCED,  |                                    | 4                                       |  | Months E  | Days Hours             | Min   |
|  | ecify) Widowed  |                                    | 4, 1871                                 | 84 yn.   | 1 40  | 007.7571 05 100        | 10.7  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if   | 10b. KIND OF BUSINES<br>OR INDUSTRY   | 5                                  | 11. BRTHPLACE (Stella or fore           | ign country)   |   | CITIZEN OF WI          | 141   |
| ratirad) House Work  | at Home   |                                    | Belfast Irel                            | land   |   | USA                    |       |
| 13. FATHER'S NAME  |   |                                    | 14. MOTHER'S MAIDEN                     |  |   |                        |       |
| James McClosky   |   |                                    | Unk                                     |  |   |                        |       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCE   | S? 16. SOCIAL SEC   | URITY NO.                          | 17. INFORMANT &                         |  |   |                        |       |
| (Yes, no, or unk.) (If Yes, give war or dates of ser   | vice) None  |                                    | Mr. Ralph                               | Williams-Ll  | & bgo.  | Hanson                 | St.   |
| No l   |   |                                    | TIFICATION                              | oury. Maryle   | 70.0  | INTERVAL BET           | WEEN  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING  |   | DICKE CEN                          | ( )                                     | 100  |   | ONSET AND              |       |
| 33 ATE CAUSE (A)   | 8:4:h (2  | will.                              | al weller.                              | MLUYE  |   |                        |       |
|  | 13/15/10  | . /.                               | 2 1/1                                   | 1 111  | _   |                        |       |
| DISEASES OF CONDITIONS, IF ANY, (R)  | Chalistee   | 7 (36)                             | socot NY                                | heideuss   | U   |                        |       |
| GIVING RISE TO THE ABOVE CAUSE   | 11/10   | A                                  | 1 / 1/                                  |  |   |                        |       |
|  | TAKES IN  | 11.                                |   |  |   |                        |       |
| STATING UNDERLYING CAUSE LAST. DUE TO  | INCIARCE  | VONN                               | not 1                                   |  |   |                        |       |
| (C) /  | Thurs'c   | KINN                               | not 1                                   |  |   |                        |       |
| (C) / IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE   | L'UMI'C   | KINN                               | not 1                                   |  | -   |                        |       |
| (C) / IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   | G FINDINGS OF OPERATION   | XC/IN                              | not 1                                   |  |   | 20. AUTOR              | PSY ? |
| (C) / IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |   | KLTA<br>N                          | not 1                                   |  |   |                        | PSY ? |
| (C) / IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR 216. ACCIDENT WAS UNDERLYING 216. POR CONTRIBUTING 216. ACCIDENT WAS UNDERLYING 216. POR CONTRIBUTING 216. ACCIDENT WAS UNDERLYING 216. ACCIDENT WAS UNDERLYING 316. POR CONTRIBUTING 316. ACCIDENT WAS UNDERLYING S16. ACCIDENT WAS UNDERLY |   | γ, 7                               | TIE. WHERE DID INJURY OCCU              | R? (City or town)  | (County)  | YES N                  | 0 I   |
| (C) / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR 216. ACCIDENT WAS UNDERLYING 1 216. P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | R FINDINGS OF OPERATION LACE (Homa, farm, factor URY street, office bidg., etc  | Y. 2<br>:.)                        | ZIE. WHERE DID INJURY OCCU              |  | (County)  | YES N                  | o 🟋   |
| (C) / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  196. MAJOR 216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)  | LACE (Homa, farm, factor URY street, office bidg., etc  | URRED of while                     |   |  | (County)  | YES N                  | o 🕱   |
| (C) /  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR  21a. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH OF INJU (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIMÉ OF INJURY (Monih) (Doy) (Year) (F  | LACE (Home, farm, factor URY street, office bidg., etc. Hour)  21a. INJURY OCCU While M. et work et etc.  | URRED of while work                | 211. HOW DID INJURY OCCU                | R?   |   | YES N                  | (a)   |
| (C) / IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR  21a. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH OF INJ (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Year) (F   | LACE (Home, farm, factor URY street, office bidg., etc. Hour)  21a. INJURY OCCU While No at work etc.   | P. Durred by while work .          | 211. HOW DID INJURY OCCU                | R?   | , that I la   | YES N                  | (a)   |
| (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR  21c. ACCIDENT WAS UNDERLYING 1 21b. P OR CONTRIBUTING 1 CAUSE OF DEATH OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Year) (F   | LACE (Home, farm, factor URY street, office bidg., etc. Hour)  21a. INJURY OCCU While No at work etc.   | P. Durred by while work .          | 211. HOW DID INJURY OCCU                | 2  | , that I la   | YES N                  | (a)   |
| (C) / IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR  21a. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH OF INJ (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Year) (F   | LACE (Home, farm, factor URY street, office bidg., etc. Hour)  21a. INJURY OCCU While No at work etc.   | P. Durred by while work .          | 211. HOW DID INJURY OCCU                | R?   | , that I la   | YES N                  | o T   |
| (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR  21c. ACCIDENT WAS UNDERLYING 1 21b. P OR CONTRIBUTING 1 CAUSE OF DEATH OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Year) (F   | LACE (Home, farm, factor URY street, office bidg., etc. Hour)  21a. INJURY OCCU While No at work etc.   | URRED occurred at                  | 211. HOW DID INJURY OCCU                | R7  causes and on the causes (Sireat, city, tow  | that I la   | St saw the deabove     | o T   |
| (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR  21a. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH OF INJ (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Year) (F  22. I hereby certify that I attended alive on 100 certify that I attended alive on 100 certify that I attended  23. BURIAL, CREMATION, DATE THEREO  | i.ACE (Home, farm, factor URY street, office bidg., etc. Hour) 21a. INJURY OCCU While No at work et.  | URRED occurred at                  | 19                                      | R7  causes and on the causes (Sireat, city, tow  | , that I lated that a stated in, state)                               | st saw the deabove     | o T   |
| (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR  216. ACCIDENT WAS UNDERLYING 121b. P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Monih) (Doy) (Year) (F  22. I hereby certify that I attended alive on 11 cremation, REMOVAL (SPECIFY)  | LACE (Homa, farm, factor URY street, office bidg., etc. Hour) 21a. INJURY OCCU While M. et work et work the deceased from the deceased from M. and that death                       | URRED or while occurred at M.D. WO | 5:354AM, from the capping to Church St. | causes and on the causes (Streat, city, town Salisbury, M  | on, that I laidate stated in, state)                                  | st saw the deabove     | o T   |
| (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  19b. MAJOR 21c. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Monlh) (Doy) (Year) (P)  22. I hereby certify that I attended alive on BIGNATURE  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREO  24. DATE THEREO  25. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREO  26. 19  | LACE (Home, ferm, fector URY street, office bidg., etc. Hour)  21a. INJURY OCCU While No et work etc.  the deceased from the deceased from the deceased from NAME OF NAME OF Parace | URRED occurred at                  | 19                                      | causes and on the causes (Sireat, city, town Salisbury, M LOCATION (City, town Salisbury)          | An, that I laidate stated in, state)  arylan( in, or county)  Ye Mary | st saw the dabove DATE | o T   |
| (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR  216. ACCIDENT WAS UNDERLYING 121b. P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Monih) (Doy) (Year) (F  22. I hereby certify that I attended alive on 11 cremation, REMOVAL (SPECIFY)  | R FINDINGS OF OPERATION  LACE (Home, farm, factor URY street, office bidg., etc Hour)  Zia. INJURY OCCU Mhile No et work  the deceased from NAME OF  1955 Parso  SIGNATURE          | Occurred at  M.D. WE  CEMETERY OR  | 5:354AM, from the capping to Church St. | causes and on the causes (Sireat, city, town Salisbury, M LOCATION (City, Town Salisbury Signature | And the stated on, state)  in ryland  or county)  AD  AD              | st saw the deabove     | o (X) |

THANKS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF Reg. Dist. No. carefully legibly. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits. write RURAL and give nearest town) and OR and give nearest town) (in this place) OR item of information TOWN TOWN HOSPITAL OR STREET (If rural give location) clearly NSTITUTION OR **ADDRESS** STREET ADDRESS (First) (Middle) (Last) DATE 3. NAME OF (Month) (Duy) death DECEASED OF LEORO (Type or Print) DEATH: 1955 BIRTHARS SEX COLOR OR SINGLE, MARRIED DATE OF 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED. 컴 Months | Days (Specify): @ every causes 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS ACE (State or foreign country): 12. CITIZEN OF WHAT TI. work done during most of working afe, OR INDUSTRY: FOR BINDING even if retired): Supply MAIDEN NAN the write INFORMANT ADDB WAS DECEASED EVER IN U.S. ARMED FORCES! 14. SOCIAL SECURITY NO. or unk.) (If Yes, give war or dates of service) 83 18. MEDICAL CERTIFICATION ADING MARGIN RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 딥 ONSET AND DEATH IMMEDIATE CAUSE (A) UNF. DUE TO ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. ⋈ (C) important, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE INLY, DISEASE OR CONDITION CAUSING DEATH. MAJOR FINDINGS OF 198. **OPERATION** 20. AUTOPSY? YES NO PL ecially 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (County) (State) (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) esp 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work

, 19 ..., that I last saw the deceased

22. I hereby certify that I attended the deceased from ..., and that death occurred at alive on ...

ASPECIFY)

at work

. 19

AM, from the causes and on the date stated above. DATE SIGNED

SIGNATURF

OR

TYPE

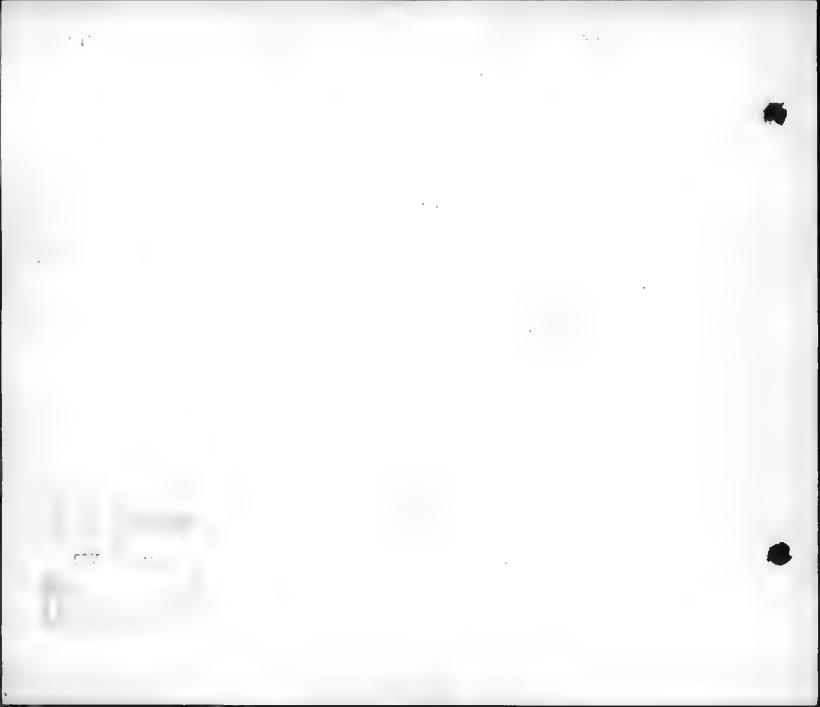
PLEASE

BURIAL, CREMATION, REMOVÁL

NAME OF CEMETERY OR CREMATORY LECATION (City, town, or county)

(State)

DATE REC'D BY LOCAL



INSTRUCTIONS

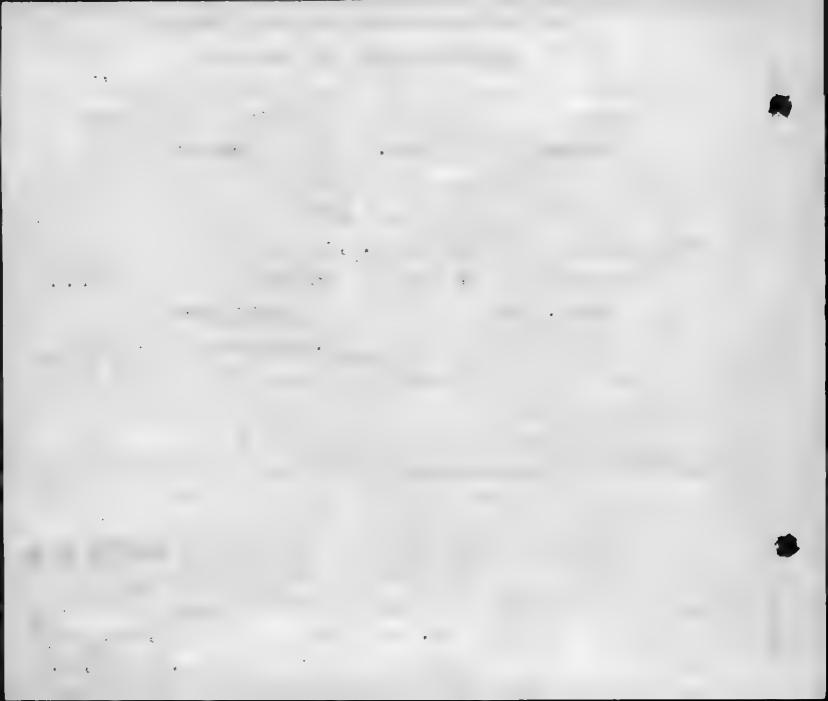
TO ATTENDING PHYSICIAIN OF MUSHITAL: The

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10292 CERTIFICATE OF DEATH 10289

Pag Dist No.

| 1. PLACE OF DEATH  | 2. USUAL RES  | DENCE (HOME) OF DECE  | ASED   |
|--|---|---|--|
| COUNTY WICOMICO MARYLANE   | 2 2002  |   | Vicomico   |
| CITY (If outside corporate limits, write RURAL LENGTH OF STA   | OR  | corporate limits, writs RURAL and gir   | va naeresi lown)   |
| X TOWN Fruitland 35 yr   | S. TOWN   | Fruitland   | X  |
| HOSPITAL OR<br>INSTITUTION OR<br>OSTREET ADDRESS   | STREET<br>ADDRESS   | (If rural give loc  | ation)   |
| 3. NAME OF (First) (Middle)  | (Last)  | 4. DATE (Month)   | (Dey) (Year)   |
| (Type or Print) ANNIE BANKS  | T-FA MICKOST  | PRATIL 20   |  |
|  | WATSON DATE OF BIRTH  | 10  | UNDER 1 YEAR   IF UNDER 24 H   |
| PACE WINDWED DIVORCED  |   |   | nths Deys Hours Min  |
|  | Jan. 9, 1888  | 67 yrs.   |  |
| done during most of working life, even if OR INDUSTRY  | 11. BIRTHPLACE (State o   | r foreign country)  | 12. CITIZEN OF WHAT COUNTRY?   |
| retired) House wife Own Home   | Maryland  |   | U.S.A.   |
| 3, FATHER'S NAME   | 14. MOTHER'S MAI  |   | VANARA   |
| Thomas L. B. anks  | 19C _   | adada Massass   |  |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY   | NO. 17. INFORMAN  | ginia Murray  |  |
| (Yes, no, or unk.) (If Yes, give wer or detas of service)  | -elela  |   |  |
| AV   | De C COUR   | din Watson  | Same   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | AL CERTIFICATION  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 33/X IMMEDIATE CAUSE (A) Cerch   | of Hemo   |   | 2 11   |
|  |   | na-ja   |  |
| CALLE PROPERTY ALL MAN TO TO   |   |   |  |
|  |   |   |  |
| GIVING RISE TO THE ABOVE CAUSE   |   |   |  |
| GIVING RISE TO THE ABOVE CAUSE<br>STATING UNDERLYING CAUSE LAST, DUE TO<br>(C)   |   |   |  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |   |   |  |
| GIVING RISE TO THE ABOVE CAUSE LAST, DUE TO (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |   |   | 20. AUTOPSY?   |
| GIVING RISE TO THE ABOVE CAUSE LAST, DUE TO STATING UNDERLYING CAUSE LAST, DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESEASE OR CONDITION CAUSING DEATH.  |   |   | 20. AUTOPSY?   |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.  | 21c. WHERE DID INJURY C   | OCCUR? (City or town)   |  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)  219. PLACE (Home, Sarm, Sactory, OF INJURY street, office bidg., etc.)  | )   21/, HOW DID INJURY C   |   | YES NO   |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF OPERATION  19th, MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  While M. While Not while Not while Not while Not work   | 211, HOW DID INJURY C   | OCCUR?  | YES NO (County) (State)  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  27a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.)  27b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.)  27c. Time Of INJURY (Month) (Day) (Year) (Hour)  M. al work   Not white   Not white   Not white   Not white   Not white   Not work  22c. I hereby certify that I attended the deceased from   | 211. HOW DID INJURY C   | OCCUR?  | YES NO (County) (State)  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19b. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING   OF INJURY Street, office bidg., etc.) 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While   No! while   No | 211. HOW DID INJURY O   | he causes and on the date   | YES NO (County) (State)  (County) (State)  hat I fast saw the decease stated above.                                  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)  (C)  (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (P)  (P)  (P)  (P)  (P)  (P)  (P)  (P   | 21/. HOW DID INJURY C   | OCCUR?  | YES NO (County) (State)  hat I fast saw the decease stated above.  |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.  (Pa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (Pa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (Pa. ACCIDENT WAS UNDERLYING   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)  (21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While all work   et work  (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While all work   et work  (A)  (C)  (C)  (C)  (C)  (C)  (C)  (C)   | 21/. HOW DID INJURY C   | the causes and on the date ADDRESS (Street, city, 1911), sta  | YES NO (County) (State)  (County) (State)  (State)  (And I last saw the decease stated above.  (Ia) DATE SIGNE       |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING  OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21d. TIME OF INJURY (MONTH) (DAY)                                       | 211. HOW DID INJURY C   | the causes and on the date ADDRESS (Street, city, prin, steel LOCATION (City, toyin, or city)                     | YES NO (County) (State)  (County) (State)  hat I fast saw the decease stated above.  (a) DATE SIGNE (County) (State) |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  219. ACCIDENT WAS UNDERLYING OF INJURY Streat, office bidg., etc.]  OF INJURY Streat, office bidg., etc.]  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Myhile al work of work  22. I hereby certify that I attended the deceased from while alive on.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL CREMATION, REMOVAL (SPECIFY)  DATE THEREOF  NAME OF CEME  | 211. HOW DID INJURY Of 15 3, 19 19 19 19 19 19 19 19 19 19 19 19 19 | the causes and on the date ADDRESS (Street, city, topin, state Location (City, topin, or a Fruitland,             | YES NO (County) (State)  hat I fast saw the decease stated above.  Tounty) DATE SIGNE  (State)  Maryland             |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  107. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  White all work of work  22. I hereby certify that I attended the deceased from alive on.  199. Thereby certify that I attended the deceased from alive on.  199. Thereby certify that I attended the deceased from the street of the street | 211. HOW DID INJURY CO. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.      | the causes and on the date ADDRESS (Street, city, John, state LOCATION (City, toyin, or Fruitland, OR'S SIGNATURE | YES NO (County) (State)  hat I last saw the decease stated above.    DATE BIGNE                                      |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  219. ACCIDENT WAS UNDERLYING OF INJURY Streat, office bidg., etc.]  OF INJURY Streat, office bidg., etc.]  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Myhile al work of work  22. I hereby certify that I attended the deceased from while alive on.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL CREMATION, REMOVAL (SPECIFY)  DATE THEREOF  NAME OF CEME  | 211. HOW DID INJURY CO. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.      | the causes and on the date ADDRESS (Street, city, topin, state Location (City, topin, or a Fruitland,             | YES NO (County) (State)  hat I last saw the decease stated above.    DATE SIGNE                                      |

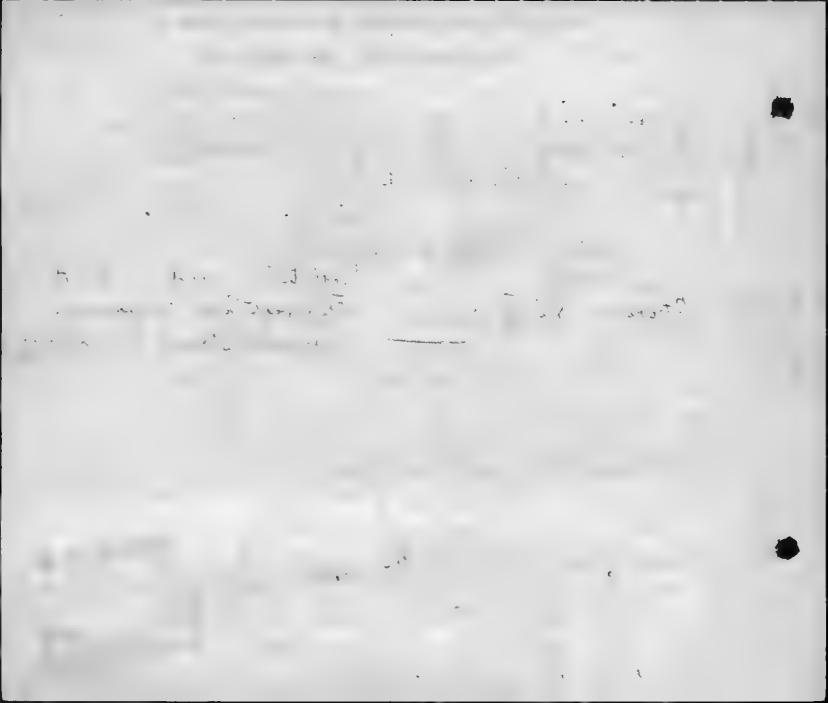


#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10270

# CERTIFICATE OF DEATH

|  | Reg. Dist. Romann   |
|--|---|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (HOME) OF DECEASED   |
| COUNTY WILLOWICO MARYLAND  | STATE DERGENIA COUNTY   |
| CITY (If outside corporate limits, write RURAL   LENGTH OF STAY OR and give nearest town) (in this place)  | CITY (If outside corporate limits, write RURAL end give nearest town) OR                  |
| 2 TOWN ALLS UURU   | TOWN Chineof EAGUE ?  |
| HOSPITAT OR INSTITUTION OR   | STREET (If giret give location) ADDRESS   |
| O STREET ADDRESS SPRING THE VILLANI.   | V   |
| 3. NAME OF (first) (Middle)  | (Last) 4. DATE (Month) (Dey) (Yeer)   |
| (Type or Print) HANIE  | White . DEATHOCK 3 1956   |
| RACE - WIDOWED, DIVORCED,  | TE OF BIRTH 9, AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Deys Hours Min. |
| 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS   | VE 6, 1864 7/ yn.   |
| done during, most of working life, eyen if OR INDUSTRY   | 11. OfRTHPLACE (Slete or foreign country)  12. CITIZEN OF WHAT COUNTRY?                   |
| 13. FATHER'S NAME  | 1 MOTHER'S MAIDEN NAME  |
| Thomas Sterrais  | Elizabeth Gane Telahman   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.  | 17. INFORMANT & ADERESS 0   |
| (Yes, no, or unk.) (If Yas, give wer or deles of service)  | mes yester showerd they colorque  |
|  | ERTIFICATION INTERVAL BETWEEN   |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | cular renal charace ONSET AND DEATH A   |
| 4-4 IMMEDIATE CAUSE (A)  | cuan to the total   |
| ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)   |   |
| DISEASES OR CONDITIONS, IF ANY, (B) GIYING RISE TO THE ABOYE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO   |   |
| (C)  |   |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |   |
| DISEASE OR CONDITION CAUSING DEATH.  |   |
| 198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES NO   |
| 21e. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, farm, fectory,  | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)                              |
| 216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)   |   |
| 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while at work   | 21f. HOW DID INJURY OCCUR?  |
| A1.  |   |
| 22. I hereby certify that I attended the deceased from   |   |
| alive on 19 5 5 and that death occurred  |   |
| le a c   | ADDRESS (Street, city, town, state)  DATE SIGNED  |
| 23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY   | OR CREMATORY   LOCATION (City, lown, or county) (State)                                   |
| REMOVAL (SPECIFY)  | Countries (city) town, or contity (State)   |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE   | 25. FUNERAL DIRECTOR'S SIGNATURE # ADDRESS  |
| DATE 10-7-55 Mary 111. HAV in wat  | MITTALL IN Atask to interest  |
| The state of the s |   |



this this

# the registrar mithin #2 Hours after death. After in by the funeral director, the third copy of ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or aftending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

NSTRUCTIONS

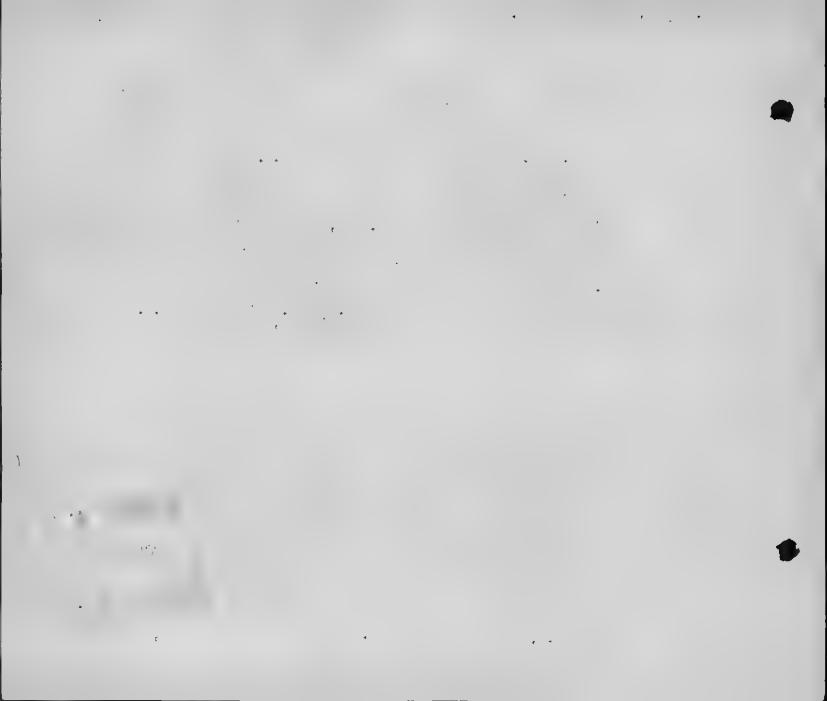
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10271

# CERTIFICATE OF DEATH

|   |  |                                      |                             | g. = 13t. 1t     |  |
|---|--|--------------------------------------|-----------------------------|------------------|--|
| I. PLACE OF DEATH   |  | 2. USUAL RESIDE                      |                             | CEASED           |  |
| county Wicomico   | MARYLAND   | STATE Noryla                         | nd county                   | Balti "          | re City                                |
| CITY (If outside corporate limits, write RURAL OR end give neerest lown)  | (In this place)  | CITY (If outside corps OR            | rate limits, write RURAL or | d give nearest t | own)                                   |
| /2 TOWN Salisbury   | 4 years  | TOWN Balti                           | more                        |                  |  |
| HOSPITAL OR   |  | STREET                               | (If rural give              | location)        |  |
| INSTITUTION OR Deer's Head State  | e Hospital   | ADDRESS 262                          | I. Biddle St                | reat             | 3                                      |
| 3. NAME OF (First.  | (Middle)   | (Last)                               | 4. DATE (Mon                | h) (Da           | (Year)                                 |
| (Type or Print) Joshua  | ,  | hite                                 | OF<br>DEATH O               |                  | · · · · ·                              |
|   |  |                                      |                             |                  | 19                                     |
| RACE WIDOWED, DI  | VORCED.  | OF BIRTH                             | 9. AGE last birthday        | Months   Da      |  |
| Male Golored (Specify) 115  | 1 detred   3/20  | /1881                                | 74 yrs.                     | Moning Ua        | ys Flours Mur                          |
|   | ND OF BUSINESS R INDUSTRY  | -11BIRTHPLACE (State or fore         | gn country)                 |                  | TIZEN OF WHAT                          |
| retired) Unknown -  | K INDOSTRT   | Maryland                             |                             | J                | OUNTRY?                                |
| 13. FATHER'S NAME   |  | 14. MOTHER'S MAIDEN                  | NAME                        | 70               | 20                                     |
| John White  |  | Anna Whi                             | te                          |                  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  | 6. SOCIAL SECURITY NO.   | 17. INFORMANT &                      |                             |                  |  |
| (Yas, no, or unk.) (If Yas, give wer or dates of service)   | b. SOCIAL SECORITY NO.   | 17. INFORMANT &                      | ADDKE33                     |                  |  |
| Unk.  |  |                                      | l records                   |                  |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  | 18, MEDICAL CE   | RTIFICATION                          |                             |                  | INTERVAL BETWEEN<br>ONSET AND DEATH    |
| Arte  | riosoleratic h   | eart disease w                       | ith nortic                  |                  | 2                                      |
| incur   |  | LITTO GIBY COO N                     | 2011 002 0 10               |                  | ė                                      |
|   | riosal rosis -   | ranaral                              |                             |                  | ?                                      |
| GIVING RISE TO THE ABOVE CAUSE  | 4 400 32 13 10 40  | Manager.                             |                             |                  |  |
| STATING UNDERLYING CAUSE LAST. (C)  |  |                                      |                             |                  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RAS   | il al right. h   | . iplegia due t                      | o an old                    |                  |  |
|   | ebrel thrabes  |                                      | 0 /                         |                  | 6 yrs.                                 |
| 198. DATE OF OPERATION   196. MAJOR FINDINGS  |  |                                      |                             |                  | 20. AUTOPSY?                           |
|   |  |                                      |                             |                  | YES NO                                 |
| 218. ACCIDENT WAS UNDERLYING 216 PLACE (How or Contributing 216 PLACE (How of Injury street, (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  | 21c. WHERE DID INJURY OCCU           | (City or town)              | (County)         | (State)                                |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a Wh  | . INJURY OCCURRED  | 21f. HOW DID INJURY OCCU             | R?                          |                  |  |
| M. at v   | work at work   |                                      |                             |                  |  |
| M.   at v   | eased from Sente   | 1/ <sub>t</sub> , 19.51 , to Oc      | 13 , 19.55                  | , that I last    | saw the decease                        |
| 22. I horeby certify that I attended the dece alive on  | eased from Sente   | t 5:45A.M. from the                  | auses and on the d          | ate stated al    | saw the decease                        |
| 22. I horeby certify that I attended the dece alive onOct   | work at work<br>eased fromSent<br>d that death occurred a                            | 1.5:45A.M. from the                  | auses and on the d          | ate stated al    | saw the decease<br>bove,<br>DATE SIGNE |
| 22. I hereby certify that I attended the dece alive on Oct. 13., 1955   | work at work<br>eased fromSent<br>d that death occurred a                            | 1.5:45A.M. from the                  | auses and on the d          | ate stated al    | bove.                                  |
| 22. I horeby certify that I attended the dece alive on Oct. 13., 1955   | work at work<br>eased fromSent<br>d that death occurred a                            | 15:45A.M. from the Charles Salishury | auses and on the d          | ate stated al    | bove.                                  |
| 22. I hereby certify that ! attended the dece alive on Oct. 13., 1955   | ased from Sente.  d that death occurred a  V. Jurrman, N. D                          | 15:45A.M. from the Charles Salishury | rauses and on the d         | ate stated al    | DATE SIGNE<br>10/13/55                 |
| 22. I horeby certify that I attended the dece alive on Oct. 13., 1955   | vased from Sente.  d that death occurred a  V. Jilierman, N. D.  NAME OF CEMETERY OR | 15:45A.M. from the Charles Salishury | auses and on the d          | ate stated al    | DATE SIGNE<br>10/13/55                 |
| 22. I horeby certify that I attended the dece alive on Oct. 13., 1955, and SIGNATURE.  23. BURIAL, CREMATION, PREMOVAL (SPECIFY)  24. REC'D, BY REGISTRAR REGISTRAR'S SIGNATURE | vased from Sente.  d that death occurred a  V. Jilierman, N. D.  NAME OF CEMETERY OR | Deer 1 APD Salisbury                 | auses and on the d          | ate stated al    | DATE SIGNE<br>10/13/55                 |

... Montacker down Thomas her line



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

|          | ē                               | William Willia | L       |
|----------|---------------------------------|--|---------|
|          | 9                               | 1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED:  |         |
|          | The ly.                         | COUNTY Wicomico County MARYLAND STATE Maryland COUNTY Wicomico   |         |
|          | Aig.                            | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  LENGTH OF STAY OR   | t town) |
| -75 (    | E P                             | TOWN Salisbury About 30 yrs Town Salisbury   | 1 .2    |
| ***      | n carefully. The                | HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - 327 Poplar Hill Ave.  STREET ADDRESS 327 Poplar Hill Avenue  | 1       |
|          | tion                            | 3. NAME OF (First) / (1 - 1 (Part) (Last) 4. DATE (Month) (Day) (Year)   | -       |
|          | f information<br>death clearly  | DECEASED: (Type or Print) (Cassalena) (John DEATH / 9 195  | 53      |
|          | th                              | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER RACE: Months Days Hours   |         |
|          | dea                             | Tamela A A (Specify): Wedaws 1075  |         |
| රා       | 0                               | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, even if retired): Seamstress Own business Chester, Delaware Co., Pa. USA  | F WHAT  |
| Ž        | ly every item<br>the causes of  | Con a sound of the property of |         |
| BINDIN   | y it                            | 13. FATHER'S NAME:   |         |
| BII      | ver                             | Joseph Preston Mary Louise Rigby   |         |
|          | y e<br>the                      | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of   | Pa.     |
| FOR      | te pl                           | No service) No None Mrs. Ella Covington, 417 Edward St. Chem   | ster,   |
|          | Suppl                           | 18. MEDICAL CERTIFICATION INTERVAL   | BETWEEN |
| <b>▼</b> |                                 | 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   | DEATH   |
| RESERVED | INK.                            | Immediate cause (a)  |         |
| SS       | 5                               | Actuador course(s) DUE TO ILLA TO .U. C.J. Doverno   |         |
|          | N Su                            | Antecedent cause(s)  Diseases or conditions, if any, (b)   |         |
| Z        | AD<br>cia                       | giving rise to the above cause DUE TO  |         |
| ARGIN    | E                               | stating underlying cause last (c)  |         |
| MA       | UNFADING<br>Physicians:         | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  |         |
| -        | Hati                            | DISEASE OR CONDITION CAUSING DEATH   |         |
|          | Trat .                          |  | OPSY 7  |
|          | ILY, WITH important.            | 21a EXTERNAL CAUSE WAS 121b PLACE (Home farm, factory, 1 21c, (Gity or town, (County) (State)  |         |
| -        |                                 | PRIMARY   or CONTRIBUTING   OF street, office bldg., etc., CAUSE OF DEATH. INJURY  |         |
|          | N. A.                           | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while  |         |
|          | WRITE PLAIN<br>ge is especially | INJURY M. work at work   |         |
|          | 3 Pe                            | 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry-  | and and |
|          | T S                             | find that down resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined of CHIEF MEDICAL EXAMINER DATES  | SIGNED  |
| ~        | E.                              | M. D. DEPUTY MEDICAL EXAMINER (3-1)  |         |
| á<br>I   |                                 |  | (State) |
| <u> </u> | ASE                             | REMOVAL (Specify): 10-17-55 Green Acres Memorial Park Salisbury, Wicomico Co.  |         |
| 5A       | E                               | DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 1  | RESS    |
| AI       | PLE                             | 78-18-55 Mary W. Trolloway Mary a Stewart Saliabury Md.  |         |
| rė.      |                                 |  |         |

Z .V UALA

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|   | 1 | 1   | > |   |   |  |
|   |   | -   | ì |   |   |  |

|                 | . The                          | maryland state department<br>10274 CERTIFICATE   |   | 10294<br>No. 332         |
|-----------------|--------------------------------|--|---|--------------------------|
|                 | ully<br>ly.                    | 1. PLACE OF DEATH:   | 2. USUAL RESIDENCE (HOME) OF DECEASE                                  | D:                       |
| -               | refi                           | COUNTY WICOMICO MARYLAND   | STATEMARY Land COUNTY Somer   | et                       |
|                 | item of information carefully. | CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   OR and give nearest town) (in this place)   TOWN   Selisbury   6   Weeks | CITY(If outside corporate limits, write RURAL a OR TOWN Princess Anne |                          |
|                 | ormat                          | HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. HOSPITAL  | STREET (If rural give location)  R.F.D.3                              | /                        |
|                 | inf                            |  |   | Ouy) (Year)              |
|                 | of<br>ath                      | DECEASED:<br>(Type or Print) Frank Wind  | ser DEATH: Oct. 6   | 1955                     |
|                 |                                | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Sept. 2   | OF BIRTH: 9. AGE last birthday Months   D                             | ays Hours Min.           |
| 9               | causes                         | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:  | 11. BIRTHPLACE (State or foreign country): 12.                        | CITIZEN OF WHAT COUNTRY? |
| Z               | e c                            | 13. FATHER'S NAME:   | 14. MOTHER'S MAIDEN NAME;   | U.R.                     |
| BINDING         | K. Supply<br>write the c       | Thomas Windson  18. Was Deceased Ever In U.S. Armeo Forces  (Yee, no, or unk.) (If Yes, give war or dates                                  | Stelle Lorid 17. INFORMANT & ADDRESS:                                 |                          |
| FOR             |                                | no of servino  | Mr. Paul Windson Princess   | Anne, Md.                |
|                 | UNFADING IN                    | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  | ION   | INTERVAL BETWEEN         |
| 3               | AL                             | IMMEDIATE CAUSE (A) Unen   | nin .   | 3-4 when                 |
| RESI            | 444                            | ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)  | Pycloneplutin-  | 4-5 when                 |
| MARGIN RESERVED | <b>—</b>                       | GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.   | in Bludge   | 2 ~~                     |
| MAF             | ~ 85                           | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.                       | V V V   |                          |
|                 | 10                             | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION   | 80-11-c   | 20. AUTOPSY?             |
| I               | VRITE PL.                      | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death Of Injury street, office bldg.,                 | ctory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?        | ty) (State)              |
| •               | NO NO                          | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work  | 21F. HOW DID INJURY OCCUR?  |                          |
|                 | O.F                            | 22. I hereby certify that I attended the deceased from   | 19 5 to Oak 6, 19 55 that I last                                      |                          |
| 10 - 53         | SE TYPE                        | alive on 1948 and that death occurred at   | ADDRESS Salily In DA  | re signed                |
| 1               | SE                             |  | ERY OR CREMATORY LOCATION (City, town, or                             | The second second        |
| A               | PLEA                           | Burial 10-9-1955 Oriole Ce   | metery Oriole, Maryl  | ADDRESS                  |
| S >             |                                | REGISTRAR 8-53 Mary W. Hollemay  | Leurs 17. William   |                          |

BECEINED

BUREAU V. S.

195

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? YES TO

DATE SIGNED

a

ADDRESS

NO T

(State)

Hours

Days

BINDING FOR RESERVED MARGIN The

BECEINED

BUREAU V. S.